### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

# 11503 CERTIFICATE OF DEATH

11479

Reg. Dist. No. 2/

1. PLACE OF DEATH	2. USUAL RESIDENCE HOME OF DECEASED
COUNTY A MARYLAND	man had
COUNTY MARYLAND  CITY (If outside corporate limits, write RURAL LENGTH OF STAY	COUNTY  CITY (If outside corporate limits, write RURAL and give neeres) jown)
OR and give negret town) (in this blace)	OR O
	TOWN BEITTER MAINTENER X
HOSPITAL OR INSTITUTION OR	STREET ADDRESS (If rural give incestion)
STREET ADDRESS	Appleas
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print)	Strange DEATH Shall 15 1953
5. SEX 6. COLOR OR 7. SINGLE MARRIED, 8. DATE	E OF BIRTH 9. AGE lest birthdey 1 IF UNDER 1 YEAR 1 IF UNDER 24 HRS
RACE WIDOWED, DIVORCED, (Specify)	Months Deys Hours Min.
10%. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINES)	(, 20 /9)1 () yrs. //
done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (Siete or foreign country)  12. CITIZEN OF WHAT COUNTRY?
relired) VIVII	Drownsmoods & AC
13. FATHER'S NAME	14. MOTHERS MAIDEN NAME
FORMET A ACICEMO	Fucilo Hums
15. WAS DECEASED EVER IN U. S. ARMED FORCEST   16. SOCIAL SECURITY NO.	17- INFORMANT & ADDRESS
(Yes, no, or unk.) (If Yes, give wer or detes of service)	Income del sont.
	JULIU ASUMIA
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
916 O EMMEDIATE CAUSE (A) BURNS -	There deres
	- resulting
DISEASES OR CONDITIONS, IF ANY, (8)	de Sueden
GIVING RISE TO THE ABOVE CAUSE	
STATING UNDERLYING CAUSE LAST. DUE TO (C)	
13 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
199. DATE OF OPERATION 199. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
U	YES NO I
21b. ACCIDENT WAS UNDERLYING (21b. PLACE (Home, ferm, factory, OR CONTRIBUTING C) CAUSE OF DEATH OF INJURY street, office bldg., atc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY STORT, OFFICE bidg., atc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOME - AACO MD
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED	2H. HOW DID INJURY OCCUR?
12 15 55 1 M.   White   Not white	Name Cayle fore
22 I haveby cartify that I attended the deceased from	19 to 12-17 19.5 that I last saw the deceased
alive on, 19, and that death occurred	at
L'ant	ADDRESS (Street, city, town, state) DATE SIGNED
Churkalay M.O.	Spraffells Men 10/10/50
23. BURIAL CREMATION, DATE THEREOF NAME OF CEMETERY	OR CREMATORY LOCATION (City, lown, or county)
Dural 1 100 7 7 Harris	at handson my
24. REC'D BY REGISTRAR REGISTRARS SIGNATURE	250 FUNERAL DIRECTOR'S SIGNATURE ADDRESS
9-191955	AN November of make

AND STATE OF ATTACH TO THE ATTACH THE STATE OF ATTACH THE

STAR CERTIFICATE OF DEATH

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the registrar within 72 hours after death. After this in by the funeral director, the third copy of this

ATTENDING PHYSICIAN OR HOSPITAL. The law requires that the death certificate be executed with bottom copy may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit. INSTRUCTIONS

11MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMOR	E,	1
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11480

### Birth 9755 CERTIFICATE OF DEATH Item 6 see

Reg. Dist. No. 21

MONITY  TOP OF PURIOR (Specity)  TOP OF BUSINESS  TOP OF	(Yeer) 19 55 NDER 24 HR OUTS MIN. WHAT JSA  BETWEEN ND DEATH
COUNTY (if outside corporate limits, write RURAL on give neerest town) OR and give neerest town) OR and give neerest town) OR Annapolis  Items of the state of th	19 55 NDER 24 HR ONTS MIN. WHAT JSA
OR and give necessit town). It is place) Town Annapolis  HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital  3. NAME OF DECEASED (First) (Type or Print)  Baby Boy ALVARDO  10. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)  13. FATHER'S NAME  Ramon Alvardo  14. MOTHER'S MAIDEN NAME  Ramon Alvardo  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (May in the place)  I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  ANTECEDENT CAUSE (S)  DUE TO  DISEASES OR CONDITIONS, IF ANY, (B)  GIVIND STATING UNDERLYING CAUSE LAST, (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	19 55 NDER 24 HR ONTS MIN. WHAT JSA
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital  3. NAME OF DECEASED (First) (Middle) (Lost) 4. DATE (Month) (Dev) DECEASED (Type or Print) Baby Boy ALVARDO  5. SEX 6. COLOR OR RACE WIDOWED, DIVORCED, (Specify) Jugary (Specify) Ju	19 55 NDER 24 HR ONTS MIN. WHAT JSA
ADDRESS  U.S. Naval Hospital  J. NAME OF STREET ADDRESS  U.S. Naval Hospital  W.S. Naval Hospital  J. NAME OF DECEASED (First)  Baby Boy ALVARDO  J. SEX G. COLOR OR RACE WIDOWED, DIVORCED, WIDOWED, WILL WIDOWED, WILL WIDOWED, WILL WINDOW, WILL WINDOW, WILL WINDEN, WILL WINDOW, WILL WORK, WINDOW, WILL WIN	19 55 NDER 24 HR ONTS MIN. WHAT JSA
3. Naval Hospital  3. Naval Hospital  3. Naval Hospital  3. Naval Hospital  4. Date (Month) (Dey) DEATH December 19  5. SEX 6. COLOR OR NOWED, DIVORCED, (Specify) Div	19 55 NDER 24 HR ONTS MIN. WHAT JSA
DECEASED (Type or Print)  Baby Boy ALVARDO  To SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)  DEATH December 19  To SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)  DEATH December 19  To SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)  DEATH December 19  To SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)  DEATH December 19  To SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)  DEATH December 19  To SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)  DEATH December 19  To SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)  DEATH December 19  To SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)  DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH  To DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  To SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)  DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  To OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  To OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	19 55 NDER 24 HR ONTS MIN. WHAT JSA
(Type or Print)  Baby Boy  ALVARDO  DEATH December 19  5. SEX 6. COLOR OR RACE WIDOWED, DIVORCED, (Specify)  Manual December 7. SINGLE, MARRIED, (Specify)  Months Days  10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  11. BIRTHPLACE (State or foreign country)  USA—Maryland  12. CITIZEN OF COUNTRY?  USA—Maryland  13. FATHER'S MAME  Ramon Alvardo  14. MOTHER'S MAIDEN NAME  Efigenia Diaz  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Les, no, or unk.) (M Yes, give wer or delet of service)  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Les, no, or unk.) (M Yes, give wer or delet of service)  16. SOCIAL SECURITY NO.  17. INFORMANT & ADDRESS  USNH Records  INTERVAL ONSET A  ATECEDENT CAUSE(S)  DUE TO  GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, (B)  GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, (C)  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	NOER 24 HR
5. SEX 6. COLOR OR RACE MIDOWED, DIVORCED, WIDOWED, DIVORCED, Specify) 12-19-55 9. AGE last birthdey WIDOWED, DIVORCED, Specify) 15-19-55 9. AGE last birthdey WiDOWED, DIVORCED, DIVORCED	NOER 24 HR
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)  10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)  10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)  10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)  11e. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)  12e. CITIZEN OF COUNTRY?  11e. BIRTHPLACE (State or foreign country)  USA-Maryland  12e. CITIZEN OF COUNTRY?  USA-Maryland  12e. CITIZEN OF COUNTRY?  1	WHAT JSA  BETWEEN
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  11. BIRTHPLACE (Siete or foreign country)  12. CITIZEN OF COUNTRY?  USA—Maryland  13. FATHER'S NAME  Ramon Alvardo  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS (17. INFORMANT & ADDRESS (18. MEDICAL CERTIFICATION ONSET A DUBLES OF ADDRESS OF CONDITIONS, INFORMANT & ADDRESS OF CONDITIONS, INFORMANT & ADDRESS (18. MEDICAL CERTIFICATION ONSET A DUBLES OF ADDRESS OF CONDITIONS, INFORMANT & ADDRESS OF CONDITIONS, INFORMANT & ADDRESS OF CONDITIONS OF	JSA BETWEEN
done during most of working life, even if retired)  13. FATHER'S NAME  Ramon Alvardo  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Mes, no, or unk.) (M Yes, give wer or deles of service)  16. SOCIAL SECURITY NO.  17. INFORMANT & ADDRESS  USNH Records  INTERVAL ONSET A  ANTECEDENT CAUSE (A) Atelectasis (pulmonary) with immaturity 762.5  DISEASES OR CONDITIONS, M ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  18. MEDICAL CERTIFICATION  ONSET A  ON	JSA BETWEEN
13. FATHER'S NAME  Ramon Alvardo  15. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO.  17. INFORMANT & ADDRESS  USNH Records  I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  16. SOCIAL SECURITY NO.  17. INFORMANT & ADDRESS  USNH Records  INTERVAL ONSET A  ATTECEDENT CAUSE(S)  DUE TO  (C)  11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	BETWEEN
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Mes, no, or unk.) (M Yes, give wer or deles of service)  16. SOCIAL SECURITY NO.  17. INFORMANT & ADDRESS USNH Records  18. MEDICAL CERTIFICATION  INTERVAL ONSET A  ANTECEDENT CAUSE (A) Atelectasis (pulmonary) with immaturity 762.5  DISEASES OR CONDITIONS, M ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  18. MEDICAL CERTIFICATION  INTERVAL ONSET A  ONSET A  ONSET A  ONSET A  OUT OUT OUT OUT OUT OUT OUT OUT OUT OU	BETWEEN ND DEATH
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16s, no, or unk.) (N Yes, give wer or delet of service)  16. SOCIAL SECURITY NO.  17. INFORMANT & ADDRESS USNH Records  INTERVAL ONSET A  18. MEDICAL CERTIFICATION  INTERVAL ONSET A  ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO (C)  11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	BETWEEN ND DEATH
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TE DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  ONSET A  IMMEDIATE CAUSE  ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  TE OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	ND DEATH
ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  LE OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, (C)  IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	hrs.
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
GIVING RISE TO THE ABOVE CAUSE DUE TO (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
STATING UNDERLYING CAUSE LAST. DUE TO (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
DISEASE OR CONDITION CAUSING DEATH.  196 DATE OF OPERATION   196, MAJOR FINDINGS OF OPERATION   20, AU	JTÖPSY?
YES X	NO 🗆
	(Stete)
21d, TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e, INJURY OCCURRED   21f, HOW DID INJURY OCCUR?	
M. et work et work	
22. I hereby certify that I attended the deceased from 12-19	4 4 4 4 4 4 4
alive on 12-19, 19.55, and that death occurred at 9.55	a dacaqse
U.S. Naval hospital	a dacaqse
E.R. Feters Lt USN M.D. Annapolis, Maryland 12-20-	E SIGNE
23. BURIAL, CREMATION.   DATE THEREOF     NAME OF CEMETERY OR CREMATORY   LOCATION (City, town, or county)	E SIGNE
REMOVAL (SPECIFY) LID (STATES) ( ALLE TORY) QUILLADALIC	E SIGNE
	e signe
24 DEFO BY DEGISTRAD DECEMBER OF THE PROPERTY OF THE PROPERTY SIGNATURE ADDRESS.	e signe
24. REC'D BY REGISTRAR REGISTRAR SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS.  DATE Dec. 21,1955 Church Sold Control of the Control of	e signe

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BUREAU V. S DEC 28 1955

TO CALL COURSE

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1. PLACE OF D	EATH		2. USUAL RESIDEN	CE (HOME) OF DECEAS	ED
COUNTY AT	ne Arundel	MARYLAND	STATE Marylan	d county Ann	e Arundel
OR end give r	corporate limits, write RURAL earest town)	(In this plece)	OR TOWN	ele Umits, write RURAL and give n	sarest town)
HOSPITAL OR	napolis		STREET Annapol	IS .	3
INSTITUTION OR STREET ADDRESS	177 West Stre	et	ADDRESS	st_Street	*
3. NAME OF DECEASED	(First)	(Middle)	(Lest)	4. DATE (Month)	(Dey) (Yee
(Type or Print)	JANE	н	ARMIGER	DEATH DECEMB	RER 1. 19
S. SEX 6.		MARRIED, 8. DAT		AGE lest birthdey   IF UND	ER I YEAR   IF UNDER
Female	White (Specify)		y 17, 1897	58 yrs. Months	Deys Hours
10e. USUAL OCCUPAT	ION (Give kind of work 10 of working life, even if	DE. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	in country)	12. CITIZEN OF WHA
retired)	House wife	own home	Annapolis, Ma	ryland	USA
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME	
	Woodward		Mary Ti		
	VER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT & A	DDRESS	
(Yes, no, or unk.) (I	Yes, give wer or detes of service)	Company of the Compan	Mr Howard	E. Armighr- sam	0 0 4 2
ANTECED DISEASES OR CONDI	ABOVE CAUSE	with of	refestasis	NI - N	6 ms
GIVING RISE TO THE STATING UNDERLYING					_
STATING UNDERLYING	CONDITIONS CONTRIBUTING	-			
11 OTHER SIGNIFICAN TO THE DEATH BUT DISEASE OR CONDI	NOT RELATED TO THE TION CAUSING DEATH				
STATING UNDERLYING  11 OTHER SIGNIFICAN TO THE DEATH BUT	NOT RELATED TO THE TION CAUSING DEATH TION 195_MAJOR FINE	DINGS OF OPERATION	1 ales	-	2D, AUTOPS
STATING UNDERLYING  11 OTHER SIGNIFICAN TO THE DEATH BUT DISEASE OR CONDI 190. DATE/OF OPEN  210. ACCIDENT WAS OR CONTRIBUTING []	NOT RELATED TO THE  TION CAUSING DEATH.  TON 196 MAJOR FINE  UNDERLYING 1 216. PLACE CAUSE OF DEATH OF INJURY	Olngs of OPERATION  (Ifome, ferm, factory, street, office bldg., etc.)	A Mora	? (City or town) (Co	2D. AUTOPS YES NO
11 OTHER SIGNIFICAN TO THE DEATH BUT DISEASE OR CONDI	NOT RELATED TO THE  TION OF MAJOR FINE  UNDERLYING OF MAJOR FINE  LAUSE OF DEATH  ICAL EXAMINER)	(Ifome, ferm, factory, street, office bldg., etc.)	216. WHERE DID INJURY OCCUR		YES NO
STATING UNDERLYING  11 OTHER SIGNIFICAN TO THE DEATH BUT DISEASE OF CONDI  190. DATE OF OPENA  21a. ACCIDENT WAS OR CONTRIBUTING [] (IF EITHER, NOTIFY MEE  21d. TIME OF INJURY	NOT RELATED TO THE TION CAUSING DEATH.  ION 19b MAJOR FINE UNOTERLYING 1 21b. PLACE CAUSE OF DEATH OF INJURY I (CAL EXAMINER) (Year) (Hour)  M.	(Ifbme, ferm, factory, street, office bldg., etc.)  21e. INJURY OCCURRED While Not while et work et work	211. HOW DID INJURY OCCUR	?	YES NO
TO THE SIGNIFICAN TO THE DEATH BUT DISEASE OR CONDI  190. DATE OF OPENA  210. ACCIDENT WAS OR CONTRIBUTING [] (IF EITHER, NOTIFY MEE 21d. TIME OF INJURY  22. 1 hereby Co	NOT RELATED TO THE ITON CAUSING DEATH. ION 19b MAJOR FINE UNDERLYING 1 21b. PLACE CAUSE OF DEATH OF INJURY I ICAL EXAMINER) (Month) (Dey) (Yeer) (Hour) M.  Prtify that I attended the	(Ifome, ferm, factory, street, office bldg., etc.)  21e. INJURY OCCURRED While et work et work deceased from	211. HOW DID INJURY OCCUR  19.5.5., to	? , 19.5.5., that	YES NO (State
11 OTHER SIGNIFICAN TO THE DEATH BUT DISEASE OR CONDI- 190. DATE OF OPERA  21a. ACCIDENT WAS OR CONTRIBUTING [] (IF EITHER, NOTIFY MEE 21d. TIME OF INJURY  22. 1 hereby consider on	NOT RELATED TO THE ITON CAUSING DEATH. ION 19b MAJOR FINE UNDERLYING 1 21b. PLACE CAUSE OF DEATH OF INJURY I ICAL EXAMINER) (Month) (Dey) (Yeer) (Hour) M.  Prtify that I attended the	(Ifome, ferm, factory, street, office bldg., etc.)  21e. INJURY OCCURRED While et work et work deceased from	211. HOW DID INJURY OCCUR  19.5.5., to	19.5.5, that auses and on the date sta	YES NO (State
TO THE SIGNIFICAN TO THE DEATH BUT DISEASE OR CONDI  190. DATE OF OPENA  210. ACCIDENT WAS OR CONTRIBUTING [] (IF EITHER, NOTIFY MEE 21d. TIME OF INJURY  22. I hereby contribution of the	NOT RELATED TO THE TION CAUSING DEATH. TON 195 MAJOR FINE UNDERLYING 1 215. PLACE CAUSE OF DEATH OF INJURY I ICAL EXAMINER OF INJURY I ICAL EXAMINER (Month) (Dey) (Yeer) (Hour)  M.  Prifty that I attended the ON. 195 MAJOR FINE DATE THEREOF	(Ifome, ferm, factory, street, office bidg., etc.)  21e. INJURY OCCURRED While et work et work deceased from	21. HOW DID INJURY OCCUR  1955, to 12  at 5. P. M, from the co	19.5.5, that auses and on the date sta	YES NO (State unity) (State last saw the deted above.
STATING UNDERLYING  11 OTHER SIGNIFICAN TO THE DEATH BUT DISEASE OR CONDI- 19e. DAJE/OF OPERA  21e. ACCIDENT WAS OR CONTRIBUTING TO (IF EITHER, NOTIFY ACCIDENT 21d. TIME OF INJURY  22. I hereby continued to the second s	NOT RELATED TO THE MON CAUSING DEATH.  TION 19b MAJOR FINE TO 19b	(Ifome, ferm, factory, street, office bidg., etc.)  21e. INJURY OCCURRED While of work of while et work of the order of work, office bidg., and that death occurred  MANA M.D.  NAME OF CEMETERY  5 Annapolis	21. HOW DID INJURY OCCUR  21. 19.5.5 to	19.5, that euses and on the date sta ESS (Street, city, town, stele) LOCATION (City, town, or coun	YES NO (State last saw the deted above.
11 OTHER SIGNIFICAN TO THE DEATH BUT DISEASE OR CONDI 190. DATE OF OPEN 210. ACCIDENT WAS OR CONTRIBUTING 11 (IF EITHER, NOTIFY MEE 21d. TIME OF INJURY  22. 1 hereby considerations SIGNATURE  23. BURIAL, CREMAT REMOVAL (SPECI	NOT RELATED TO THE MON CAUSING DEATH.  TON 198 MAJOR FINE TON 198 MAJO	(Ifome, ferm, factory, street, office bidg., etc.)  21e. INJURY OCCURRED While of work of while et work of the order of work, office bidg., and that death occurred  MANA M.D.  NAME OF CEMETERY  5 Annapolis	21. HOW DID INJURY OCCUR  1955, to 12  at 5. P. M, from the co	19.5, that euses and on the date sta ESS (Street, city, town, stele) LOCATION (City, town, or coun	YES NO (Stellar No

ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death cartificate be executed withmathe bottom copy may be retained by the hospital or attending physician. INSTRUCTIONS

24 hours after death.

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MARYLAND STATE DIPARTMENT OF BLALTH-BARTMORE TO

## CERTIFICATE OF DEATH

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BUREAU V. S.

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INSTRUCTIONS

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11482

#### 11477 CERTIFICATE OF DEATH

Reg. Dist. No. 2/

	COUNTY ANNE ARUNDEL MARYLAND	2. USUAL RESIDENCE		INE ACUNDEL
	COUNTY 7 N N N MARYLAND  CITY (Il outside corporete limits, write RURAL OR end give neerest town)  TOWN PANAPOLIS  MARYLAND  LENGTH OF STAY (in this plece)		Ne limits, write RURAL end gi	ive neerest town)
	HOSPITAL OR INSTITUTION OR ANNE ARUNOEL GEN'L. HOSP	STREET ADDRESS	(If rure) give loc	etion)
	3. NAME OF (First) (Middle) DECEASED (Type or Print) WALTER B, ARMS	(Lost) STRONG	4. DATE (Month) OF DEATH DEC	(Dey) (Year) 4 19 53
	S. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE O WIDOWED, DIVORCED, (Specify) May 7.	F BIRTH 2 2 1893 9	and the same of th	UNDER 1 YEAR IF UNDER 24 HRS. Onths Days Hours Min.
	done during most of working life, even if OR INDUSTRY retired) NAVY OFF.	11. BIRTHPLACE (State or foreign Bullston Spa	N. 4	12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME armstrong	14. MOTHER'S MANDEN N.	Coffey	
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES?  [Yes, no, of unk.] (If Yes, give wer or detes of service)		mostrong Ed	servites hed
0	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH		
	525 MMEDIATE CAUSE (A) PULMONARY FIB	ROSIS		2 NOS.
	ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY,  GIVING RISE TO THE ABOVE CAUSE  STATING UNDERLYING CAUSE LAST.  (C)	X) * FIDOID	PNEUMONIA	2MOS + 2 Yrs.
	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES NO
	21e. ACCIDENT WAS UNDERLYING 21b. PLACE [Home, farm, fectory, OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TIC. WHERE DID INJURY OCCUR	(City or town)	(County) (State)
	21d, TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. INJURY OCCURRED While Not while et work	21f. HOW DID INJURY OCCUR		
	22. I hereby certify that I attended the deceased from 11/23			
*	alive on		iuses and on the date ESS (Street, city, town, str	stated above.
1-55 10M	John L. Hedrwan M.D. 9	70 Cathrdra	e St., am	reputis, "Md.
A15C 1-	23. BURIAL, CREMATION, REMOVAL (SPECIFY) 13/2/25 Carling tax	Vational Vational	Fart Myger.	County) (Stete)
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MARYLAND STOTE DEPARTMENT OF HUALTH-UALTIMORE, IN

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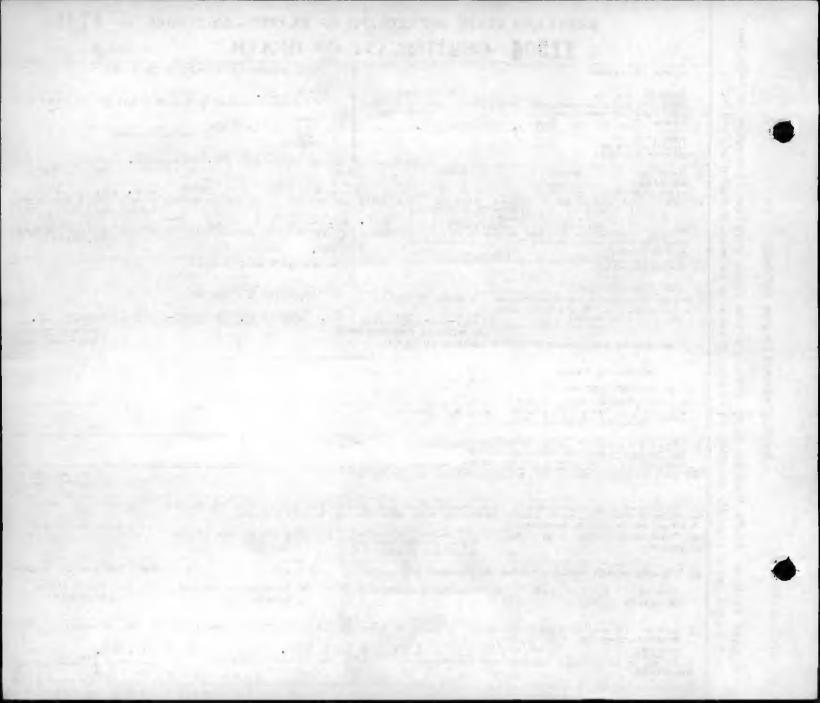
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M

22. I hereby certify that I attended the deceased from the deceased from to 19 ...., to 12/25, 1955, that I last saw the deceased M, from the causes and on the date stated above. 5, 1955 and that death occurred at/8 alive on 12 DATE SIGNED ADDRESS SIGNATURE LOCATION (City, town, or county) (State) 23. BURIAL, CREMATION, REMOVAL (SPECIFY) NAME OF CEMETERY OR CREMATORY Lorraine Park Cem. Woodlewn Md FUNERAL DIRECTOR **ADDRESS** SIGNATURE DATE REC'D BY LOCAL REGISTRAR



INSTRUCTIONS

the registrar within 72 hours after death. After this in by the funeral director, the third copy of this

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

#### CERTIFICATE OF 11505 DEATH

Reg. Dist. No...

COUNTY ANALY RUNNED NAME OF DEATH  COUNTY Hardes considered and the RURAL COUNTY Hardes continued to the RURAL COUNTY HARDES SERVICE COUNTY COUNTY HARD HARDES SERVICE COUNTY HARDES S			
CITY of earlies being being a respect from the plants of t	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	A .M
OR end gliva respect form)  HOSPITAL OR  HOSPITAL OR  STREET ADDRESS  AND COLOR OR  STREET ADDRESS	COUNTY ANNEHRUNG MARYLAND		A-160-
TOWN		OR O	1
STREET ACROSS  3. NAME OF DECEASED (First)   Models)	Y TOWN TOWN DURA	TOWN ( Ocenton ) 120	of X
S. NAME OF (FIRST)  DECEMBER (FIRST)  S. SER G. COLOR OR R. ASSET (MORNIN)  S. WAS DECEASED FYER R. G. S. ARMEE FORCES; F. 16. SOCIAL SECURITY NO.  10. STATING UNDERLING CAUSE (A)  S. MANUAL COLOR OR R. ASSET (MORNIN)  S. MAS DECEASED FYER R. G. S. ARMEE FORCES; F. 16. SOCIAL SECURITY NO.  17. INFORMANT A ADDRESS  18. MEDICAL CERTIFICATION  RETERVAL BETWEEN ONSET AND DEATH  S. STATING UNDERLING CAUSE LAST, DUE TO COLOR OR RESIDENCY (MORNIN)  S. STATING UNDERLING CAUSE LAST, DUE TO COLOR OR RESIDENCY (MORNIN)  S. STATING UNDERLING CAUSE LAST, DUE TO COLOR OR RESIDENCY (MORNIN)  S. STATING UNDERLING CAUSE LAST, DUE TO COLOR OF ROLL OR RESIDENCY (MORNIN)  S. STATING UNDERLING CAUSE LAST, DUE TO COLOR OR RESIDENCY (MORNIN)  S. STATING UNDERLING CAUSE LAST, DUE TO COLOR OR WAS ASSETTED TO COLOR OR RESIDENCY (MORNIN)  S. STATING UNDERLING CAUSE LAST, DUE TO COLOR OR WAS ASSETTED TO COLOR OR WA	HOSPITAL OR		01
DECEMBED  (Type of Pitt)  S. SEX  COLOR OR  ASSECT ASSECTION  Security APRILED  (Security	STREET ADDRESS 89 BOUL GYING	1100 HNNAPOLICK	al
S. SEX 6. COLOR ON 7. MINEST AMBORDON BOOK 1. S. DATE OF BRITH 9. AGE least bythdow 1. S. DATE OF BRITH 9. AGE least bythdow 1. S. DATE OF BRITH 9. AGE least bythdow 1. S. DATE OF BRITH 9. AGE least bythdow 1. S. DATE OF BRITH 1. SETHIFICATION 1. SETHIFICATION 1. SETHIFICATION 1. SETHIFICATION 1. S. ARMED FORCES? 1. S. ARMED FORCES? 1. S. ARMED FORCES? 1. S. ARMED FORCES? 1. S. COLOR OF STATE OF ORDER 1. S. ARMED FORCES? 1. S. DATE OF DEATH 1. S. WAS DECEASED FVER IN G. S. ARMED FORCES? 1. S. COLOR OF STATE OF ORDER 1. S. ARMED FORCES? 1. S. COLOR OF STATE OF ORDER 1. S. ARMED FORCES? 1. S. COLOR OF STATE OF ORDER 1. S. ARMED FORCES? 1. S. COLOR OF STATE OF ORDER 1. S. ARMED FORCES? 1. S. COLOR OF STATE OF ORDER 1. S. ARMED FORCES? 1. S. COLOR OF STATE OF ORDER 1. S. ARMED FORCES? 1. S. COLOR OF STATE OF ORDER 1. S. ARMED FORCES? 1. S. COLOR OF STATE OF ORDER 1. S		(Most) 4. DATE (Month) (Dey)	(Yeer)
SOUTH COLORS   SOUTH	(Type or Print) LOUIS # BARATT	-/N/ St. DEATH /2-8	- 19 55
106. USUAL OCCUPATION (Give kind of work color of the c	S. SEX 6. COLOR OR 7. SINGLE MARRED 8. DATE C		
done during most of working Bits, even By Correct Page Country?  13. FATHEK'S NAME  13. FATHEK'S NAME  14. MOTHER'S MADEN NAME,  15. WAS DECEASED EVER INJO. S. ARMED FORCES? IN 16. SOCIAL SECURITY NO.  17. INFORMANT & ADDRESS  18. MEDICAL GERTIFICATION  19. MADED TO BETT CAUSE (A)  19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  19. DATE OF CAUSE (A)  10. SOCIAL SECURITY NO.  10. INFORMANT & ADDRESS  10. YTS.  10. SOCIAL SECURITY NO.  11. INFORMANT & ADDRESS  10. YTS.  10. MEDICAL GERTIFICATION  10. MEDICAL GERTIFICATION  10. MADED AT CAUSE (A)  10. YTS.  10. STATING UNDERSTRING CAUSE (A)  10. YTS.  10. YTS.  11. ACCOUNTRY?  11. ACCOUNTRY?  12. ACCOUNTRY MAS CONCERNING (A)  12. MADERSTRING (Month) (Day) (Year) (Hour)  12. ACCOUNTRY MOST CAUSE (A)  13. ACCOUNTRY MOST CAUSE (A)  14. MOTHER'S MADDRE NAME,  15. WAS DECEASED FOR A CONTRIBUTING (A)  15. MADERSTRING CAUSE (A)  16. SOCIAL SECURITY NO.  17. INFORMANT & ADDRESS  10. YTS.  10. AUTOPSY?  11. ACCOUNTRY (Month) (Day) (Year) (Hour) (State)  12. ACCOUNTRY MOST CAUSE (ASTAMBLER) (Flour) (State)  13. ACCOUNT MAS CONCERNING (A)  14. MOTHER'S MADDRE NAME  15. PAGE (FROME INTO COUNTRY (COURTED ON INTO COURTED ON INTO COUR		74 - 60.40	and and
13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME,  15. WAS DECEASED EVER IND. S. ARMED FORCES? [1] 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS  16. MEDICAL CENTIFICATION ONSET AND DEATH ONSET AND DEATH OF THE PROPERTY OF THE ABOVE OF THE PROPERTY OF THE PROPERTY OF THE ABOVE OF THE PROPERTY	IOn. USUAL OCCUPATION (Give kind of work done during most of working life, even it of RINDUSTRY	17. BIRTHPLACE (State or loreign country) 12. CITIZEN	N OF WHAT
IS. WAS DECEASED EVER IN.D. S. ARMED FORCES?  IS. WAS DECEASED EVER IN.D. S. ARMED FORCES?  If ye, no, or unk.]  If Yes, give wer or delea of service)  IS. MEDICAL CERTIFICATION  INTERVAL SERVER  ONSET AND DEATH  ONSET AND DEAT	reliand MErchant Grocery	Rochester Ny+	
Organ, no, or unk.] (If Year, give wer or deales al service)	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME,	
Organ, no, or unk.] (If Year, give wer or deales al service)	Hugust	unha	
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH   IS. MEDICAL CERTIFICATION   INTERVAL BETWEEN ONSET AND DEATH   IS. MEDICAL CERTIFICATION   INTERVAL BETWEEN ONSET AND DEATH   IS. MEDICAL CERTIFICATION   INTERVAL BETWEEN ONSET AND DEATH   IS. MEDICAL CERTIFICATION   IS. MEDICAL CERTIFICATION   INTERVAL BETWEEN ONSET AND DEATH   IS. MEDICAL CERTIFICATION   INTERVAL BETWEEN ONSET AND DEATH   INTER		17. INFORMANT & ADDRESS	
ANTECEDENT CAUSE (A) UPOMID  ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY,  GIVING RISE TO THE AROVE CAUSE  STATING UNDERLYING CAUSE LAST.  (C)  11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITIONS CONTRIBUTING  OR CONTRIBUTING (C)  21a. ACCIDENT WAS CHORRYING (C)  OF CONTRIBUTING (C)  21b. PLACE (Home, Jarm, Jecdor, OF INJURY OCCUR? (City or town) (County) (State)  OF INJURY OF INJURY (Month) (Dey) (Year) (Heur) (Heur) (Heur) (Not white el work el	(Tes, No, of unk.) (It iss, give wer of dates of solvice)		
ANTECEDENT CAUSE (A) UTOMIC.  ANTECEDENT CAUSE (S) DUE TO DISSASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CALISE STATING UNDERLYING CAUSE LAST.  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISSASE OR CONDITION CAUSING DEATH.  190. DATE OF OPERATION  Sent 195.  210. AUTOPSY?  TEST NO CONTRIBUTING CAUSE OF DEATH OF INJURY STORE, office bidg., etc.]  211. ACCIDENT WAS ONDERLYING CAUSE OF DEATH OF INJURY street, office bidg., etc.]  212. A CACIDENT WAS ONDERLYING CONTRIBUTION OF INJURY street, office bidg., etc.]  213. AUTOPSY?  TEST NO CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.]  214. ACCIDENT WAS ONDERLYING COURSED  AND CONTRIBUTING CAUSE OF DEATH OF INJURY (Month) (Day) (Year) (Hour)  215. PLACE (Home, Isrm, Teclary, 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)  While While State of Contribution of Injury occur?  While Work State of Contribution of Injury occur?  ADDRESS (Street, city, town, state)  DATE SIGNED  23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county)  SIRING LOCATION (City, town, or county)  ADDRESS (Street, city, town, state)  DATE SIGNED  24. RECO BY RECISTRAR  REGISTRAR'S SIGNATURE  25. FÜNERAL DIRECTOR'S SIGNATORE  ADDRESS  ADDRE	DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING DEATH.  19. DATE OF OPERATION  Sent 1055  21a. ACCIDENT WAS UNDERLYING 12b. PLACE (Home, larm, lectory, or country)  OR CONTRIBUTING 1 CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. INJURY OCCURRED Work of work.  22. I hereby certify that I attended the deceased from 10/17/55 19, to 12/8/55, 19, that I last saw the deceased alive on 12/8/55, 19, and that death occurred of 5	1152.0	3	dove
DISEASES OR CONDITIONS, IF ANY, (8) Gen. arteriosclerosis  JOYTS.  GIVING RISE TO THE ABOVE CAUSE UNDERVING CAUSE LAST.  (C)  IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  JOSEASE OR CONDITIONS CONTRIBUTING  JOSEASE OR CONDITIONS CONTRIBUTING  JOSEASE OR CONDITIONS CAUSING DEATH.  JOSEASE OR CONDITIONS CAUSI	200		
STATING UNDERLYING CAUSE LAST,  (C)  11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19. DATE OF OPERATION  19. MAJOR FINDINGS OF OPERATION  20. AUTOPSY? YES NO  21a. ACCIDENT WAS UNDERLYING 22b. PLACE (Home, larm, lectory, OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY MEDICAL EXAMINER)  22d. I hereby certify that I attended the deceased from 10/17/55, 19, to 12/8/55, 19, that I last saw the deceased alive on 12/8/55, 19, and that death occurred at	DISEASES OR CONDITIONS, IF ANY, (B) gen. arterioscle	rosis 10	yrs.
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  190. DATE OF OPERATION 190. MAJOR FINDINGS OF OPERATION Sept 1055 21a. ACCIDENT WAS ONDERLYING 21b. PLACE (Home, larm, lectory, OF INJURY Street, office bidge, etc.) 21b. PLACE (Home, larm, lectory, OF INJURY OCCUR? (City or town) (State) 21c. WHERE DID INJURY OCCUR? (City or town) (State) 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While et work et work 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While et work 22. I hereby certify that I attended the deceased from 10/17/55, 19, to 12/8/55, 19, that I last saw the deceased alive on 12/8/55, 19, and that death occurred at 5	GIVING RISE TO THE ABOVE CAUSE DUE TO		
TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING DEATH.  190. DATE OF OPERATION  Sent 1055  S			
DISEASE OR CONDITION CAUSING DEATH.  196. DATE OF OPERATION  Sent 1055  21a. ACCIDENT WAS ONDERLYING   21b. PLACE (Home, larm, lectory, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY Street, office bidg., etc.)  21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. INJURY OCCURRED While et work et work et work   21l. HOW DID INJURY OCCUR?  22e. I hereby certify that I attended the deceased from 10/17/55, 19, to 12/8/55, 19, that I last saw the deceased alive on12/8/55, 19, and that death occurred at5PM, from the causes and on the date stated above.  23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY  24. RECO BY REGISTRAR REGISTRAR REGISTRAR'S SIGNATURE  25. FUNERAL DIRECTOR' SIGNATORE  ADDRESS	TO THE DEATH BUT NOT RELATED TO THE dishetes	mellitus	
Sent 1055  21a. ACCIDENT WAS ONDERLYING   21b. PLACE (Home, larm, lectory, OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. INJURY OCCURED While   Not while	DISEASE OR CONDITION CAUSING DEATH.		. AUTOPSY?
21a. ACCIDENT WAS CADERLYING   21b. PLACE (Home, larm, lectory, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY Street, office bidg., elc.)  21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. INJURY OCCURRED While   Not white   Not white	Sent 1955 smn. rt. les (arterio	scierotic gangrenel	<u> </u>
22. I hereby certify that I attended the deceased from 10/17/55., 19, to 12/8/55, 19, that I last saw the deceased alive on 12/8/55, 19, and that death occurred at 5	21a. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, larm, lectory, OR CONTRIBUTING   CAUSE OF DEATH   OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County)	(State)
22. I hereby certify that I attended the deceased from 10/17/55, 19, to 12/8/55, 19, that I last saw the deceased alive on 12/8/55, 19, and that death occurred at 5		211, HOW DID INJURY OCCUR?	
alive on12/8/55, 19	M. el work el work	20101	
ADDRESS (Street, city, town, stele)  DATE SIGNED  M.D. Annapolis, Md. 12/10/55  23. BURIAL, CREMATION, PEMOVAL (SPECIFY)  24. REC'D BY REGISTRAR  REGISTBAR'S SIGNATURE  ADDRESS  AND AND ANNABOLIS, Md. 12/10/55  PARTICIPATION (City, town, or county)  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS			
23. BURIAL, CREMATION, BEMOVAL (SPECIFY)  24. REC'D BY REGISTRAR  REGISTRAR'S SIGNATURE  ADDRESS  AND.  Annapolis, Md. 12/10/55  NAME OF CEMETERY OF CREMATORY  LOCATION (City, lown, or county)  LOCATION (City, lown, or county)  SALTO  ADDRESS  ADDRESS  AND.  ANNapolis, Md. 12/10/55  PREMOVAL (SPECIFY)  25. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ANDRESS	alive on12/8/55, 19	15	
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county)  24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE  25. FUNERAL DIRECTOR'S SIGNATURE  26. ADDRESS	SIGNATURE		
BEMOVAL (SPECIFY) 12-12-Greek Concluse BALTO. MACESS ALL 25 FUNERAL DIRECTOR SIGNATURE ADDRESS AND THE			7
all the state of t		CREMINION (CITY, IOWIT, OF COUNTY)	(31210)
all the state of t	BUTTAL. DESCRIPTION OF CHEER	Carriella Discrept High April 10 10	0
DATE NEC. 13, 1955 Str. & French HIVOTOS Juc. 940.E 1910 (14)	0/1/4	1 0 hg h seed of 112/00 t	- Almite
	DATENCO. 13, 1955 Sm. & French	1-HM UTOS JME 940.E	THUTCH



NSTRUCTION

TO ATTENDING

#### CERTIFICATE OF DEATH 11506

Reg. Dist. No.....

A PEACE OF DEATH	2. OBUNE RESIDENCE (NOME) OF DECEMBE				
COUNTY Anne Arundel	MARYLAND		Ltimore City		
CITY (Il outside corporata limits, write RURAL	LENGTH OF STAY	CITY (II outside corporeta limits, write RURAL and give nea	rest town)		
OR and give nearest town) Y TOWN Crownsville	4 yrs.34days	TOWN Baltimore City	31/0/1		
HOSPITAL OR	4 yrs. )4days	DOT OTHOLE OTON	3VC1-+		
INSTITUTION OR		ADDRESS MELLE R. 7			
1 STREET ADDRESS Crownsville Sta	te Hospital	1632 McKellery Street	t i		
3. NAME OF (First)	(Middle)	(Lest) 4. DATE (Month)	(Day) (Year)		
(Type of Print) George Ber	rv	OF DEATH 12	6 1955		
S. SEX   6. COLOR OR   7. SINGLE, M					
RACE WIDOWED	, DIVORCED,	Months	Days Hours Min.		
Male Negro (Specify)	Widowed	11/02/83 72 yrs			
10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if	KIND OF BUSINESS 1	11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY?		
retired) Laborer	Waiter	Maryland	U. S.		
13. FATHER'S NAME		I 14. MOTHER'S MAIDEN NAME			
C 2 D		74 D			
Samuel Berry		Liza Berry			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no, or unk.] (If Yes, give, wer or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS			
(If Yes, no, or unk.) (If Yes, give wer or dates of service)	Unk.	Hospital Records			
18. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH					
About					
33/X IMMEDIATE CAUSE (A) Cerebrovascular Accident days					
ANTECEDENT CAUSE(S) DUE TO Cerebral Arteriosclerosis					
DISEASES OR CONDITIONS, IF ANY, (B)					
STATING UNDERLYING CAUSE LAST. DUE TO					
(C)					
TI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Caronic Brain Syndrome associated with Cerebral					
DISEASE OR CONDITION CAUSING DEATH. ATTEL	<u>iosclerosis. Gen</u>	eralized Arteriosclerosis,			
190, DATE OF OPERATION 196, MATOR ENDE	tatic Pleumonia		2D. AUTOPSY?		
			YES NO		
218. ACCIDENT WAS UNDERLYING   216. PLACE   OR CONTRIBUTING   CAUSE OF DEATH   OF INJURY str	Home, farm, lactory, 21 nat, office bldg., etc.)	c. WHERE DID INJURY OCCUR? (City or town) (Cour	nty) (Stete)		
(IF EITHER, NOTIFY MEDICAL EXAMINER)					
	While Not while 1	II. HOW DID INJURY OCCUR?	,		
м.	at work at work				
22. I hereby certify that I attended the d	eceased from 10/23	, 1951., to 12/6, 19.55, that I	last saw the deceased		
alive on 12/6/ / 19 55	and that death occurred all	2:25p.M, from the causes and on the date state	nd above		
SIGNATURE 17	(L. Benedict, M	ADDRESS ((Street, city, town, state)	DATE SIGNED		
1 lecunil va		Crownsville, Md.	12/6/55		
23. BURIAL CREMANON.   DATE THEREOF	M. D.  I NAME OF CEMETERY OR C				
REMOVAL (SPECIFY)		A Control of Control	11/1 41		
13/9/5	5 mit Cal	vary tenne Ure	exect Co. III		
24. REC'D BY REGISTRAN REGISTRAR'S SIGNAT	TURE	35. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS'		
DATE A. M.	7. m. Com Milliam 170/h Bound It				
3 8017701	N XO				



The bottom copy may be retained by the hospital or attending physicien.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 7.2 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11486

### 11507 CERTIFICATE OF DEATH

Reg. Dist. No. 20

	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED			
	COUNTY ( MARYLAND	STATE Md. COUNTY CECL			
	CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (II out side corporate limits, write RURAL end give neerest town)			
	OR end graneres fown) TOWN 30 100 100 100 13 200 (In this piece)	TOWN Bolvedoro Bount			
	HOSPITAL OR	STREET (II rurel give location)			
	INSTITUTION OR	ADDRESS			
	3. NAME OF (First) (Migdle)	(Last) 4. DATE (Month) (Dey)	(Yeer)		
	(Type or Print) / 21921 ET (ONK/IN L	DIShop DEATH 12 11	1955		
J	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF		NDER 24 HRS.		
	Temale Wento (Specify) I doing with	5 + 3-1885 70 yrs. Months Deys Ho	ours Min.		
		11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF	WHAT		
	done during most of working life, even if relired House wife Home Nursana	Nour Mush State 90 COUNTRY?	4		
	13. FATHER'S NAME	1/ 14. MOTHER'S MAIDEN NAME	11		
	Goods Helalach	+ oran millor			
	15. WAS DECEASED EVER W U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. NIFORMANI & ADDRESS			
	(Ses, no, or unk.) (M Yes, give wer or detes of service)	1/ C D (1)	)		
		Genneth 6, Distrop &			
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				
	CARLINA CANTARA WITH makes tack to ment.				
	The same of the sa		TO CALLE		
	ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B)	INDIENTE E			
	GIVING RISE TO THE ABOVE CAUSE	/			
	STATING UNDERLYING CAUSE LAST, DUE TO				
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
	198. DATE OF OPERATION   196. MAJOR FINDINGS OF OPERATION	20. AU	TOPSY?		
		YES 🗌	NO 🗌		
	21e. ACCIDENT WAS UNDERLYING   21b PLACE (Home, ferm, factory, OR CONTRIBUTING   CAUSE OF DEATH   OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	cic. WHERE DID INJURY OCCUR? (City or town) (County)	(State)		
		211. HOW DID INJURY OCCUR?			
	M. et work et work				
	22. I hereby certify that I attended the deceased from SEPTEM	BEA19 51, 10 DECEMBER 19 5), that I last saw the	deceased		
	alive on De L 16 , 1955 , and that death occurred at.				
MOK	SIGNATURE	ADDRESS (Street, city, town, stete) DATE	SIGNED		
2	maneis 2. Cidd M.O.	SEVERNA PANIC Md 12-17	1-55		
10	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY LORATION (City, town, or county)	(State)		
AISC	and a second	luff Cimapolis III.	e e		
2	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	olin		
	DATEDEC, 19, 1955 Colle Collinson	John M. Jagar com corney	ma		

JEC ~~ JEC

11/42/but . (c) (c) compe linematik Compalate elias - Jalia en lier. institution . i. it Himinal 1 21 1 12 12 12 12 1 12 1 11' 11 10 31 12, 15 L'insite on the major of the second of the s Thomas Macai I many - 11 - 11 -M2-26-550A The ball according and Geneling allowers on 1:01 11/14 15 25 12/12 : 20 DEC : 2 DEC the out of fine to strictiffe . It stoles Shakan See fil hamilt.

### MEDICAL EVAMINED'S CEDERICATE OF DEARE

MEDICAL EXAMINER 5 CER	IIIICAIL	Or	DIAL	No	
1. PLACE OF DEATH:	2. USUAL RESIDEN	CE (HOME)	OF DECEASED	);	
COUNTY Anne Arundel MARYLAND	STATE Md.	CO	UNTY Anna	-Arranda-7	
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (In this place)	CITY (If outside OR				rest town)
OR and give nearest town) (In this place)  TOWN (In this place)	TOWN -Bal.	to.		F year Riv	VC1.4
HOSPITAL OR INSTITUTION OR	STREET ADDRESS	(I	f rural, give loca	tion)	
STREET ADDRESS Along Furnace Branch Stream	213	N.Sch	roeder S	t.	3/
3. NAME OF (First) (Middle) DECEASED:	(Last)	4. DATE	(Month)	(Day) (Yes	ar)
4m 70 7 41 40 40 477 4 777	CHANEY	DEATI			55
PACE. WIDOWED DIVORCED		. AGE last	birthday: IF UNI	DER 1 YEAR IF U	
Female Colored (Specify): Widow   Jan	.2.1890		O, yrs.		
10a. USUAL OCCUPATION Give kind of 10b. KIND OF BUSINESS Of work done during most of work life, INDUSTRY:			foreign country)	COUNT	RY?
even if retired): Housewife	Manning	S.C.		U.S.A.	
13. FATHER'S NAME:	14. MOTHER'S MAI	DEN NAME	<b>:</b>		
William Davis	Binky	3			
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: (Yes, no, or unk.) (If Yes, give war or dates of	17. INFORMANT & A	DDRESS:			
L No service)	Ida Wilson	534 W	. Presto	n St.	
	AL CERTIFICATION			INTERV	AL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:					AND DEATH
Immediate cause (a) Arteriosclerotic	cardiovascul	ar dise	ase		
Immediate cause	*1 14() 1114 45 45 5	** *******			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Antecedent cause(s) Chronic pericard	litis				
Diseases or conditions, if any, (b) glving rise to the above cause DUE TO			***************************************		• ***
stating underlying cause last (c)					
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	. , , , , , ,,	** ** ******* * *	***************************************		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:					TOPSY?
				Ye	es 🛂 No 🗌
21a. EXTERNAL CAUSE WAS PRIMARY  OF CONTRIBUTING  CAUSE OF DEATH.  21b. PLACE (Home, farm, factory OF street, office bldg., etc. INJURY)	9		(County)	(St	ate)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED  OF While at Not while	21f. HOW DID II	NJURY OCC	UR?		
INJURY M. work at work		Partial			
22. I hereby certify that I took charge of the remains descri	bed above, held an	Autopsy	E, Inspection	n 🗌 , Inquir	y 🗌 , an
find that death resulted from: Natural causes A., Acci	dent [], Suicide [	], Homi	cide [], Un		cause [] E SIGNED
SIGNATURE	DEPU'I	TY MEDICAL	EXAMINER L EXAMINER CAL EXAM.	12/8/	
23. BURIAL, CREMATION, DATE THEREOF   NAME OF CEMETER			ON (City, town,		
23. BURIAL CREMATION, THATE THEREOF NAME OF CEMETER Dec. 12, 1955 Mt. Calva		Cede	, , , ,	_	(state)
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	1 24. FUNERAL DIR	ECTOR ,			DDRESS
Leventer 1a- 1950 R. W.	mrs Katu		War !	V Lehroes	
CENTRAL VO / OFF F / 4 T   C V V	TO THE TANK		WITH I	Y. PUNITED	A annal and

PLEASE WRITE ILAINLY A15A - 5 - 53 VS.

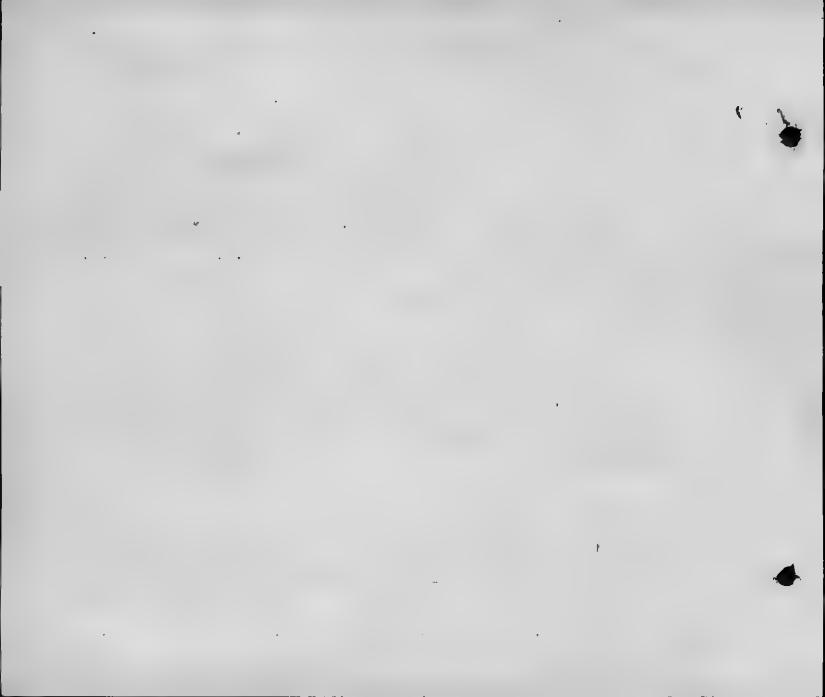
MARGIN RESERVED FOR BINDING

UNFADING INK. Physicians: pless

WITH

■ge is especially important.

Supply every item of Information carefully. The correct write the sames of death clearly and legibly.



VS A15C 1-55 10M

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

# 11479 CERTIFICATE OF DEATH

11489

Pag. Dist. No.

Items 8,9 FilmG190 1-3-56 et		
I. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY A . A . CE MARYLAND	STATE MC COUNTY AA	
CITY (If outside corporete limits, write RURAL LENGTH OF STAY OR and give neerest town) (In this place)	CITY (if outside corporate limits, write RURAL end give necrest to OR	own)
Town Connected had 2 Mg	TOWN 1 atheda	<b>K</b>
HOSPITAL OR	STREET (If rural give location)	
INSTITUTION OR (7) STREET ADDRESS	ADDRESS	
3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month) (Da	y) {Year}
(Type or Print) Mary Ch	ase DEATH See 2	2 19 57
5. SEX   6. COLOR OR   7. SINGLE, MARRIED,   8. DATE C		
RACE WIDOWED, DIVORCED, (Specify) Mirnied Un	known Approx. 65 yrs. Months De	ys Hours Min.
10%, USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country) 12. CI	TIZEN OF WHAT
done during most of working life, even if OR INDUSTRY		OUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	86 200
/	5 -11 - 2	
Moses Johnson	17. INFORMANT & ADDRESS	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.  (Yas, no, or unk.) (If Yes, give wer or deles of service)		
	Agnes Booze, Kiva, Md.	The second secon
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
"immediate cause (a) Coribal	thembours	
ANTECEDENT CAUSE(S) DUE TO  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO	! arthundaris	· · · · · · · · · · · · · · · · · · ·
(C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		YES NO
21a. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	ZĪc. WHERE DID INJURY OCCUR? (City or town) (County)	(State)
21d, TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. INJURY OCCURRED While Not while et work et work et work	211. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Max	10 15 10 10 12 2 10 10 50 50 10 10 10 10 10 10 10 10 10 10 10 10 10	
elive on Clark 19.55 , and that death occurred at	ADDRESS (Street, city, fown, state)	DATE SIGNED
13 1 H 14.6 m	1. 17. 10 2 1	12-22-01
23. BURIAL, CREMATION.   BATE THEREOF   NAME OF CEMETERY OR		(State)
REMOVAL (SPECIFY)	Lothian Md	,
24. REC'D BY REGISTRAR   REGISTRATURE	1 25. FUNERAL DIRECTOR'S SIGNATURE ADDIT	RESS
	13 // / 7 9/ 1	7//
DATE & Jec. 28, 1955 11 0 Jours	Vernus Harany Sallacell	1 UN



dertifically has been executed

INSTRUCTIONS

### CERTIFICATE OF DEATH 11509

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY AND AVUNCHARYLAND	STATE MD COUNTY A.A.
CITY (If outside corporate limits, write RURAL   LENGTH OF STAY	CITY (It outside corporate limits, write RURAL and give nearest town)
OR and give neerast town) (in this place)	OR TOWN AND D
	STREET (If rurel give location)
HOSPITAL OR MACA III + DO	ADDRESS MO A C. L. + D.D.
STREET ADDRESS / 1776-0 V/3(2)	MAGO VISLA RY
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) James CYIST	- DEATH /2 /4 15 13.
S. SEX 6. COLOR OR 7. SINGLE MARRIED, 8. DATE OF	
RACE ( SPERIFY) (SPERIFY)	110.1880, 7, yrs. Months Deys Hours Min.
	I. BIRTHP ACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even if retired)  OR INDUSTRY	P. 1 3 11 d
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
IS. PAINER'S MAINE	Problems member record
CONN CISE.	BUNNOWI
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	77. INFORMANT & ADDRESS
(Yes, no, or unk.) (If Yes give was or datas of service)	Adam Crist.
18. MEDICAL CERT	IFICATION INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
IMMEDIATE CAUSE (A)	MIS.
ANTECEDENT CAUSE(S) DUE TO CON LIVIO -	+ CUDICALE
DISEASES OR CONDITIONS, IF ANY, (8)	-( +M2) NG ( . N. N. 755346
STATING UNDERLYING CAUSE LAST, DUE TO	explicated to town of the
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	LAGRICEL ANGENIOSEIGN
TO THE DEATH BUT NOT RELATED TO THE	13.
DISEASE OR CONDITION CAUSING DEATH.	OO AUTODOUS
196. DATE OF OPERATION 195. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO
218. ACCIDENT WAS UNDERLYING     21b. PLACE (Home, ferm, fectory,	c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY streat, office bidg., etc.)	S. William D. William Control of
[IF EITHER, NOTIFY MEDICAL EXAMINER]   21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour)   21e. INJURY OCCURRED   2	H, HOW DID INJURY OCCUR?
While Not while	in the in the tradit of the tradit.
M, et work L et work	till tiller (= (=-(
22. I hereby certify that I attended the deceased from	19 that I last saw the deceased
alive on 1957, 1957, and that death occurred at:	M, from the causes and on the date stated above.
SIGNATURE	ADDRESS (Speci, city, lown, stele) DATE BIGNED
in Trader MD C	Jevelma 1 Talle Mal 1418 WI
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	REMATORY LOCATION (City, town, or county) (State)
REMOVAL (SPECIFY)  REMOVAL (SPECIFY)  Dec. 16 1955 Holy Rose	Paltimona Manual and
Burial Dec. 16 1955 Holy Rosa 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	Baltimore, Maryland  25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
	Tilly & Zeiler Tno. 103 S Wolfe St
- 1 Pa 11 10 M   Marie 11 ml 1/1 // 1/2	LITTLY A LETTER FOR DICK S MATTA ST

INSTRUCTIONS

3 11 11 11 11

- DE 1

11491

### 11510 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Grand arundle MARYLAND	STATE 7M 1: COUNTY A.C.L
CITY (II outside corporete Litaits, write RURAL   LENGTH OF STAY	CITY (Woutside composete Wmits, write RURAL and give nearest town)
OR and give neepts toyon (in this place)	TOWN & Black All
HOSPITAL OR	STREET (If rurel give location)
INSTITUTION OR	ADDRESS (if Tarial give sociation)
An STREET ADDRESS	
3. NAME OF (First) (Middle)	(Lest) 4. DATE (Mopth) (Dey) (Year)
(Type or Print) affect C	onwell 1953
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF	
Male Colored (Specify) Wy Jawey Mare	4 1885 yrs. Months Days Hours Min.
	11. BIXTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even if OR INDUSTRY retired) Labely 14	I'M COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
7 / 10	D D = 1 D = 4
trank conwell	Rappell Colbert
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Yell, no, or unk.) (Il Yes, give wer or detes of service)	1 Francis munay R. 2 Box 5-73
18. MEDICAL CER	TIFICATION INTERVAL BETWEEN
E DISEASES OR CONDITIONS DIRECTLY LEADING TO BEATH	ONSET AND DEATH
163X IMMEDIATE CAUSE (A) TONNIGHT CO	in Cinama of the
ANTECEDENT CAUSE(S) DUE TO	A-1 = 1 1/4 -
THE COUNTY OF TH	(extine)
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO	
(c)	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY
	YES NO
21a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH OF INJURY street, office bidg., etc.]  OF INJURY street, office bidg., etc.]	Tc. WHERE DID INJURY OCCUR? (City or fown) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Yaer) (Hour) 21e. INJURY OCCURRED	216. HOW DID INJURY OCCUR?
M. et work at work	
22. I hereby certify that I attended the deceased from MINIO	, 1934, to Document, 19.53, that I last saw the deceased
	C(1) (1) (1)
alive on 19 and that death occurred at.	ADDRESS (Street, city, town, state)
TOP TO THE PROPERTY OF THE PARTY OF THE PART	1 1 CT TOTAL STORY
23, BURIAL, CREMATION, DATE THEREOF, NAME OF CEMETERY OR	0- way mus annother, not, 135
REMOVAL (SPECIFY)	CREMATORY LOCATION (City, town, or county (Slayt)
Duriel Jose 4/13 Durada	alle at margalite and
24 REC'D BY REGISTRAR . REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE J. J. G. alla	Je D. Titmen Comulavia
11/1/2000	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7

3 A Soul of



5 % Pilling

Sec jedy

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within certificate has been executed by the attending physician and completely filled in by the funeral death certificate assembly should be detected for use as a burial transit permit.

24 hours after death.

72 hours after death. After this director, the third copy of this

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

### 11512 CERTIFICATE OF DEATH

11494 2/ Reg. Dist. No.

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED		
COUNTY (1. ()	MARYLAND	STATE Med COUNTY CL.	0	
CITY (If outside corporate limits, write RURAL	LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give no	nerest town	
OR end give (fegrest town)	(in this place)	TOWN 314 Masheration	n 8 1 10	
HOSPITAL OR		STREET (If sure hive location	)	
90 INSTITUTION OR TWO VIOLES MILES	my Home	ADDRESS Somo to blue	mid	
	Aid dle)	(Lest) 4. DATE (Month)	(Dey) (Year)	
(Type or Print)	0 - 1	OF	50 200	
LVA CA	RLTON L	JAVIS DEATH /2 -	7-1955	
RACE WIDOWED, DIVO	D, 8. DATE O		ER 1 YEAR IF UNDER 24 HRS.	
1 (Specify)	HIN DOW	3 4 1889 66 yrs. Months	Days Hours Min.	
10e, USUAL OCCUPATION (Give kind of work 10b. KIND	OF BUSINESS	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT	
done during most of working life, even if OR is	ome	Constant Mil	90UNTRY (	
13. FATHER'S NAME	CFILE	14. MOTHER'S MAIDEN NAME	11,000	
7 1 9		The state of the s		
terdinand in	secon	I come a Jaren	er	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.  (Yes, no, or unk.) (If Yes, give wer or detes of service)	SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS		
(163, 110, 01 blik.) It les, give wer or deres of services	Campon	J. Clelven Yours	(2)	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  18. MEDICAL CERTIFICATION  INTERVAL BETTON  ONSET AND TO ONSET AND TON				
331X IMMEDIATE CAUSE (A)				
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) gen. arteriosclerosis, c hypertension 15 yrs.				
GIVING RISE TO THE ABOVE CAUSE				
STATING UNDERLYING CAUSE LAST. DUE TO				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE				
DISEASE OR CONDITION CAUSING DEATH.  190. DATE OF OPERATION 19b. MAJOR FINDINGS C	NE ODERATION		DO ALITOREY	
			YES NO.	
21e. ACCIDENT WAS UNDERLYING 21b PLACE (Home, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, of	ferm, factory, 2	Itc. WHERE DID INJURY OCCUR? (City or town) (Co	unity) (State)	
(IF EITHER, NOTIFY MEDICAL EXAMINER)				
21d TIME OF INJURY (Month) (Day) (Year) (Hour) 21s. White	INJURY OCCURRED	216. HOW DID INJURY OCCUR?		
C4 M. et wor				
22. I hereby certify that I attended the decease	ed fromJan	, 19.49., to Dec. 2,, 19.55, that	I last saw the deceased	
alive on Dec. 7. 19.55 and	that death occurred at	4: 10P M, from the causes and on the date stal	ted shove	
SIGNATURE O . A		ADDRESS (Street, city, town, state)	DATE SIGNED	
merroll (	4 M.D.	Annapolis. Md. 12/9	122	
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OR	Annapolis Md. 12/9 CREMATORY   LOCATION (City Jown, or coun	A-4-4	
REMOVAL (SPECIFY)	D. A. #	91 to 1/1/1/	- 0	
1 varial 12-12-33	urungus	1 / amonal circingl	on la	
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	4 8	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS / //-	
DATE Dec. 13, 1955 Stm. 40	Frenchis	John M. & augher cons Us	mapoles,	
	1/		ma	



连连	MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18	4 4 4 -
ath. After copy of	11512 CENTIFICATE OF DEATH	11495
third cop	11513 CERTIFICATE OF DEATH Reg. Dist	No 24
	Items 7,11 FilmG190 12-19-55 et  1. PLACE OF DEATH  2. USUAL RESIDENCE (HOME) OF DECEASE	
	Many frances Md	
	COUNTY  CITY (If outside corporate limits, write RURAL LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give new one of the corporate limits, write RURAL and give new of the corporate limits are corporate limits.	est town)
	X TOWN (illu Burne Town Balto.	3 V 0 1 - 4
	HOSPITAL OR INSTITUTION OR PLAZA MANOR CONV. HOME STREET ADDRESS 636 Bruce	Top 1
	3. NAME OF (First) (Middle) (Lest) 4. DATE (Month)	(Day) (Yeer)
	OF COSE COMME DORSEY DEATH DEC	11 1955
	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF BIRTH 9. AGE lest birthday IF UNDER Months   Months	1 YEAR   IF UNDER 24 HRS. Deys   Hours   Min.
	(Specify) Widow 870 35 yrs.	CITIZEN OF WHAT
	done during most of working life, even if or INDUSTRY	COUNTRY?
	13. FATHER'S NAME	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT & ADDRESS	***
		Bruce St
	DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
	4.20.0 IMMEDIATE CAUSE (A)	
	ANTECEDENT CAUSE(S) DUE TO ANTO TO COLONITION LOS & dispane.	
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO  Arterial Llever's General Control of the Control of t	
	12 OTHER SIGNISICANT CONDITIONS CONTRIBUTING	
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Multiple Ved fores	
	196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO
	21e. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bidg., etc.) 21c. WHERE DID INJURY OCCUR? (City or town) (Cour	ty) (Slate)
	[IF EITHER, NOTIFY MEDICAL EXAMINER]	
	M. at work et work	
	22. I hereby certify that I attended the deceased from DEC 9, 1955, to DEC 11, 1955, that I alive on DEC 9, 1955 and that death occurred at 10 16A.M. from the causes and on the date state	
A15C 1-55 10M	alive on 19.5 and that death occurred at 10.14. M, from the causes and on the date state SIGNATURE (Street, city, town, state)	DATE SIGNED
1	23 RIBIAL CREMATION DATE THEREOF I NAME OF CEMETERY OR CREMATORY I LOCATION (City, town, or county	DEC 11, 1975
	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY  REMOVAL (SPECIFY)  12, 13/5- M+. Z101  24/10-	(2iele)
XS AI	25. FUNERAL DIRECTOR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS /
-	DATE LO 1500 L. J. De alban Ama a Jackson Sin	n. Home, se
	916 Perra. av	e.

1,

BUREAU V. S.

.EC I ₹ 1822

DECENCED

l	11481 CERTIFICATE	Reg. Dist. No		
ŀ	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED		
	COUNTY CL, Cl. CO. MARYLAND	STATE mild county a. Co. Co		
l	CITY (If outside corporate limits, write RURAL (In this plece)  TOWN (In this plece)	CITY (!! outside corporate limits, write RURAL end give naerest town) OR TOWN Chranzula		
	HOSPITAT OR INSTITUTION OR STREET ADDRESS 6 3 8 Slomon Island Rd	ADDRESS Saleman Estend Rd		
	3. NAME OF DECEASED (First) (Middle) (Type or Print) Charles Henry	Doreslas DEATH 12 18 1953		
Į	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	9. AGE lest birthday   FUNDER 1 YEAR   FUNDER 24 HRS   Months   Days   Hours   Min.		
	done during most of working life, even if OR INDUSTRY	11. SIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  20 S. CL		
	Clarence Dong Cas	Emma Parker		
15. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes, opprugh.) (If Yas, give war or detas of service)  (Yes, opprugh.) (If Yas, give war or detas of service)  (La Tence ) or glas- (Innecelus				
ı	DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH		
ı	ANTECEDENT CAUSEISI DUE TO STATE	Value		
DISEASES OR CONDITIONS, IF ANY, (8)  GIVING RISE TO THE ABOVE CAUSE				
I	STATING UNDERLYING CAUSE LAST. (C)			
ľ	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			

TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER)

195. MAJOR FINDINGS OF OPERATION 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

While

at work

21c. WHERE DID INJURY OCCUR? (City or town)

211. HOW DID INJURY OCCUR?

(County) (State)

YES T

20. AUTOPSY?

NO T

(State)

21d. TIME OF INJURY

registrar within by the funeral

<u>چ</u> .5 filled with

death certificate be filed

FUNERAL DIRECTOR: The law requires that the

þ

certificate has been executed

completely

attending pl

death certificate assembly should be detached

(Month)

Not while et work

22. I hereby certify that I attended the deceased from...... alive on ......and that death occurred at...... SIGNATOR

(Year)

DATE THEREOF

19.5.5., that I last saw the deceased M. from the causes and on the date stated above. ADDRESS (Street, city, town, state) DATE MENED

LOCATION (City, town, or county)

A15C 1-55 10M BURIAL, CREMATION, REMOVAL (SPECIFY)

REC'D BY REGISTRAR

M.D.

NAME OF CEMETERY OR

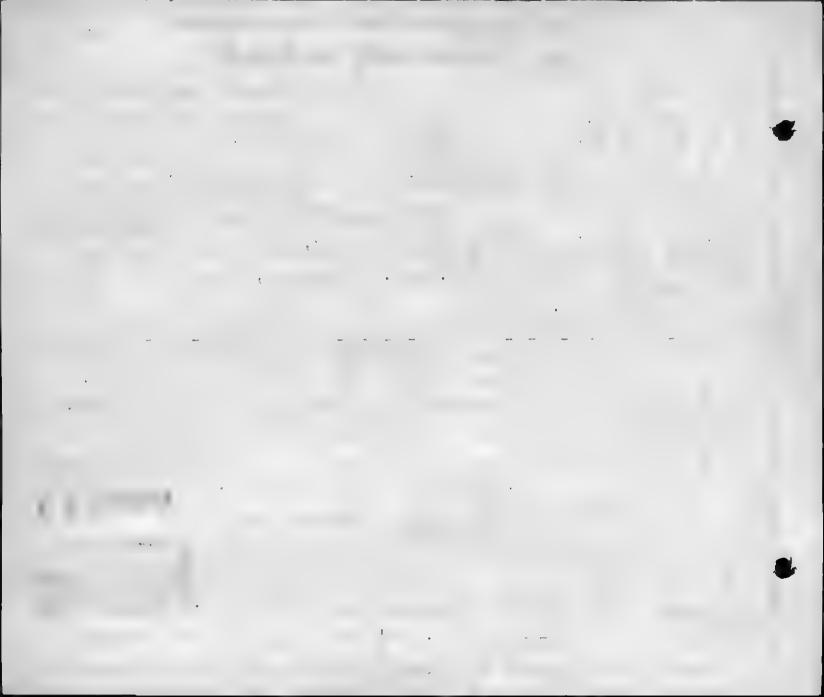
21a. INJURY OCCURRED

**FUNERAL DIRECTOR'S STONATURE** 

ADDRES5

3 44 4

DEC



### MARYLAND STATE DEPARTMENT OF HEALTH

11483

### CERTIFICATE OF DEATH

Reg. Dist. No. 2

8	11230	FOR MEDICAL	EXAMINERS	Reg. I	Jist. No.
m of information carefully. The co	I. PLACE OF DEATH COUNTY  CITY (If outside corporate limits, write RURA) OR give/narest town) TOWN HOSPITAL OR SINSTITUTION OR STREET ADDRESS  3. NAME OF DECEASED (Type or Print) 6. COLOR OR RACE  10a. USUAL OCCUPATION (Give kind of work done during mod of working if eyen if retired)	MARYLAND Land LENGTH OF STAY (In this place)  (Middle) (Middle)  (	2. USUAL RESIDENCE STATE OR TOWN STREET ADDRESS (Last) LORESTAN 8. DATE OF BIRTH 1-13-86	(HOMI:) OF DECEASED FOR THE PROPERTY OF DEATH / 2.	L and give nearest town)
ly every Item the causes of	13. FATHER'S NAME  VICE PARTY FOR THE PROPERTY OF THE PROPERTY	ectary—   16. Social Security No.	14. MATHER'S MAIDE	N NAME Sau	s .
ly er	(Yeging of unknown) (It yes, 1979) It dayes of		34 Joseph	ine Flore	stans (2)
Supply se write th		exding to Death	RTIFICOTION		INTERVAL BUTWEEN ONSET AND DEATH
G INK.	Antecedent cause(s) Diseases or conditions, if any, (h)	Marie (	Lucius		
ADIN rsician	giving rise to the above cause atting the underlying cause last				
UNFADING t. Physicians:	it. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death				
WITH	19a. DATE OF OPERATION   19b. MAJOR FI				20. AUTOPSY?
INLY, WI ecially impo	21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF CAUSE OF DEATH.	E (Home, farm, factory, atreet, office bldg., etc.)	(CITY OR	TOWN) (C	OUNTY) (STATE)
	TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not while work  at work	HOW DID INJURY O	CCURT	
WRITE PLAINLY is especially	22. I certify that I took charge of the remaind obtained by said Autopsy, I dispection or from: happing causes a goldent SIGNAPORY	suicide , homicide 1, (Degree or title)	ADDRESS	Inquiry I there ted above, and death	on and from the evidence in my opinion resulted  DATY SIGNED
ASE	23. BURIAL GREMATION DATE THEREO.	NAME OF COMETE	TY OR CREMATORY	LOCATION (City, town	(State)
PLEA	DATE REC'D BY LOCAL REGISTER'S	ATURE	JUNEBAL DIRECT	08	ADDRESS

The con ect age

MARGIN RESERVED FOR BINDING

2 · A . . . .



(Yant)

195

IF LINDER 24 HRS

Hours

INTERVAL RETWEEN

ONSET AND DEATH

20. AUTOPSY? YES

NO

(State)

DATE BIGNED

(Stata)

CITIZEN OF WHA

COLINTRY-?

Davs

115:4

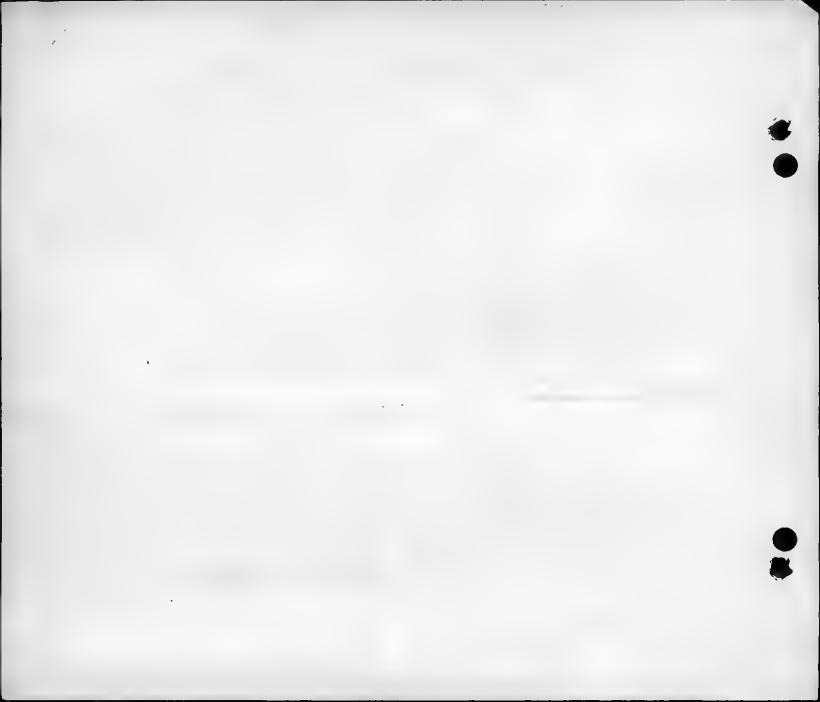
### MARYLAND STATE DEPARTMENT OF HEALTH

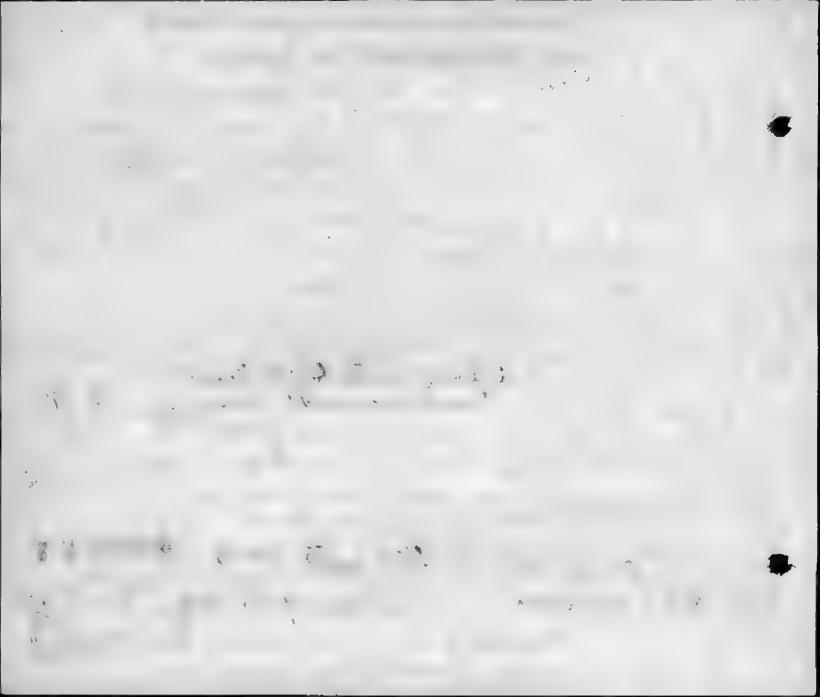
2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

11500 Reg. Dist. No.

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.
Unne Crun del MARYLAND	Maje land U.U.
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town)	OR CITY (If outside corporate limits, write RURAL and give nearest town)
TOWN THE THE THE	TOWN I Can phrey
HOSPITAL OR INSTITUTION OR	STREET (If rural/give location)
STREET ADDRESS / 1	ADDRESS 12 Herzon , zall
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Lloyd Weshington	Galloway DEATH Dec 11 1958
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last birthday   If under 1 year   If under 24 hrs.
Male Negro WIDOWED, DIVORCED, (Specify) Travels	1/ aug. 1875 80 yrs. Months. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work   10b. Kind of Business on	11. BIRTRY ACE (State or foreign country)   12. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	many kand COUNTRY? U.S. 9
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
· Halloway	Elvera
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes, no, or unknown) (If year, give war or dates of mervice)	Surie P. Sellowan 12 Herron are
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONGER AND DEATH
332 mmediate cause (a) Carebral	76 (
332 Immediate cause (a) Corelyal	myouvous days
A 1	1, 1070
Diseases or conditions, if any, (b)	A CONTRACTOR OF THE PROPERTY O
stating the underlying cause last	
11. OTHER SIGNIFICANT CONDITIONS	**************************************
Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	1 20. AUTOPSY?
•	Yes No 🔀
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While at Not While INJURY m. Work At work	
22. I hereby certify that I attended the deceased from 12 Oct	, 190 , to Reverse, 190 , that I last saw the deceased
alive on 10 Que, 1933, and that death occurred at	4: 00 A ra from the causes and on the data stated above
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
Ra- 01201/7000	11718 12 11
anotas dighston/ 11. p.	501 Cherry Fell Road Balte 25 May 11 Res 55
23. BURIAL CREMATION DATE NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or county) (State)
Durine 12-17-5	confin brooker in NOS
DATE REYD BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR
13/15/55 // 16 Ged rich	(hoy o. Wison montherline





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24 hours after death,

ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death cartificals be executed within The bottom copy may be retained by the hospital or attending physician.

TO ATTENDING

INSTRUCTIONS

11503
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CERTIFICATE OF DEATH 11515

-0 to		Regi pint ito
重量	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
i e	COUNTY Cingle Crundel MARYLAND	STATE MA COUNTY B.CC.
E	CITY (Louiside corpogère limits, write RURAL   LENGTH OF STAY	CITY (If outside corporate limits, write RUBAL and give neatest town)
hour rector,	OR and electron flown 4 Bu 3 (in this place)	TOWN Cimapales
4 å	HOSPITAL OR INSTITUTION OR	STREET (If rural give logation)
within	STREET ADDRESS WAS THE	J. J. N. 4-1043
	3. NAME OF (First) (Middle) DECEASED	(Lest) 4. DATE (Month) (Day) (Yeer)
registrar by the	(Type or Print) WIIIAM & H	OWKINS   DEATH /2 - 26 1955
he regi	5. SEX 6 COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVIDICED, (Specify) 12-	9. AGE lest birthdey IF UNDER 1 YEAR IF UNDER 24 HRS.  17-1903 9. AGE lest birthdey Months Deys Hours Man.
-C 70	10s. USUAL OCCUPATION (Give kind of work done define) most of working life, even if	11. BIRTHPLACE (Stele or foreign rounity)  12. CINZEN OF WHAT COUNTRY?  COUNTRY?
man dili	10. TASHER'S NAME	14. MOTHER'S MAIDEN NAME
	Dichard J. Hawkins	dola Zelle
cate be fi complete al transit	15. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO.  17. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
fical d c		Bertha Howkins - Ungapolis
certificate and con a burial to	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
physician use as	1131X IMMEDIATE CAUSE (A) CENTER MIN	Carbeted 12 hos
hysi use	ANTECEDENT CAUSE(S) DUE TO	· ·
15 P	DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	
ires that attending	STATING UNDERLYING CAUSE LAST. DUE TO	
quires that attendia	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
he a det	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
by the	198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
The	21e. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, factory, OR CONTRIBUTING   CAUSE OF DEATH   OF INJURY street, office bidg., etc.] (IF ETHER, NOTIFY MEDICAL EXAMINER)	21c, WHERE DID INJURY OCCUR? (City or town) (County) (State)
DIRECTOR: The s been executed ate assembly sho	21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e. INJURY OCCURRED While Not while M. et work	211. HOW DID INJURY OCCUR?
DIRECT been of asse	22. I hereby conkify that I attended the deceased from 1.2. Inc. alive on 1.2. 1.3. 193	1935, to 1 Jan
크 <sup>모</sup> 은 중	SIGNATURE ()	ADDRESS (Street, city, town, staty) DATE SINED
	Mit Krahandra M.D. 1	10-Clay & Orm Cholo, hot, 1269/55
Certific death AISC 1-	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City) town for county)
A 0 0 4	BANGE 17-27-03 12 NAM	There skinner, my
<b>T</b> vs	REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE
	DATE: JUIST OM. J. French.	Je Lucy Hereber 1-100 Jugh St.

Sizl. i.i. i same i and innocheling in the land of the service of the servi 7.7 E, 4.5x3 14, 13(1) E HONKINS 1.5 6 11/1 11 14 15 15 15 Cicu. 1,1. 5 10 Consortiches mpt. 1.1.6. Buland I she has toria Lett. with Hindure - competet 1 is the state of BUREAU V. S.

Carrie 1. 225 ... ... 11 - (c 1 20 ... 12 ... 1)

DEC - A IC.

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(Yeer)

19

NO

(Steta)

(State)

Hours

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Item 7, Film G 190, 12/12/55 bh 517 CERTIFICATE OF DEATH 11517

Reg. Dist. No.....

	1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED	^					
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1					
	COUNTY HILL TIKU VU LMARYLAND STATE 33 1 1 1 LEGUNTY 12						
	The second secon	4.1					
	CITY (If outside corporate limits, write RURAL OR and give neared on the practice town) To the corporate limits, write RURAL and give neared on the practice of the practice o	st town)					
	TOWN TOWN	7 1 6 1 11					
	IX CELEV DAMAIL I IIII	V 1 - 4-					
	HOSPITAL OR STREET (If rural give (occition)	. /					
		Dr. M					
	INSTRUCTION OR PLAZAMANCK CONV. HOME ADDRESS 1732 h. Bond St. B	01/01/2/2011					
		THE COLUMN THE					
		(Dey) (Year)					
	DECEASED 71/A/11/C	0 57					
	(Type or Print) JUNIUS HILL DEATH DEC.	2 192					
	S. SEX   6. COLOR OR   7. SINGLE, MARRIED,   8. DATE OF BIRTH   9. AGE Inst birthday   1F UNDER 1	YEAR LIF UNDER 24 HRS.					
	RACE WIDOWED, DIVORCED,						
	(Specify) LT-2 description (Specify) LT-2 description	Days Hours Min.					
	10a, USUAL OCCUPATION (Giva kind of work 10b, KIND OF BUSINESS / 11, BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT					
2	done during most of working life, even if OR INDUSTRY	COUNTRY					
Ě	retired)	SU					
	13. FATHER'S NAME						
	1 Peks 57 dt du VV						
É	The state of the s						
Š	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS						
	(Yes, no, or unk.) (M Yes, give war or deles of service)						
9	Surf.						
ġ	18. MEDICAL CERTIFICATION	INTERVAL BETWEEN					
	TENERACE AN ADMINISTRAL DESCRIPTION OF DESCRIPTION OF THE PROPERTY OF THE PROP	ONSET AND DEATH					
	1200 NCHODN LITHON A						
12	491X AMMEDIATE CAUSE (A) BRONCHOPNEUMONIA						
5							
3	ANTECEDENT CAUSE(S) DUE TO						
	DISEASES OR CONDITIONS, IF ANY, (B)						
2	GIVING RISE TO THE ABOVE CAUSE						
3	STATING UNDERCTING CAUSE CAST.						
2	(C)						
į	TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TO THE DEATH BUT NOT RELATED TO THE TOTAL TO TH						
í	TO THE DEATH BUT NOT RELATED TO THE						
1	DISEASE OR CONDITION CAUSING DEATH.						
,	190. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?					
•	/ !	YES NO					
ļ.	F ACCEPTATION OF THE PROPERTY						
	21a. ACCIDENT WAS UNDERLYING   21b, PLACE (Homa, farm, factory, OR CONTRIBUTING   CAUSE OF DEATH   OF INJURY strast, office bldg., etc.) (County)	(State)					
	OF INJUST STEEL, MILE STEEL ST						
	21d. TIME OF INJURY (Monit) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?						
5	216. Time of Iroda's Unding (boy) (ros) (r						
	M. al work at work						
1	Co by Et Dia M						
j	22. I hereby certify that I last saw the deceased						
2							
1	alive on	above.					
₩ 2	SIGNATURE ADDRESS (Stree), city, town, state)	DATE SIGNED					
	61 AT 1 0 1 1 COSCIA DURINE	100 9 16 TC					
1.55	MIN THE M.O. COUNTY (	100 2/1913					
	23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY   LOCATION (City, toyon, or county)	g) (State)					
N	REMOVAL (SPECIFY)	1					
A15C	Burger Jak 133 Wy Calpary (Emeter) 1 (10 V	110					
V	24. REC'D BY REGISTRAR REGISTRAR'S SKINATURE 1.23 FUNERAL DIRECTOR'S SIGNATURE A	DDRESS					
>	24. REC'D BY REGISTRAR ( ) REGISTRAR'S SIGNATURE	UL/NESS					
	The Alle Marie Tolling Plant	12 ( K					
	DAKE OF HELLING 1/1 FRM > 1/2 LANGE 1/6/17	LLY ST VA					



TO ATTENDING

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11507

### 11518 CERTIFICATE OF DEATH

Rea, Dist. No....

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
county Aune Asundel Maryland	STATE Maryland county Anne Arundel
CITY (If outside corporate limits, write RURAL   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR end give neerest town) (in this place)	OR TOWN Charles Did.
Shady Side	Shady Side
HOSPITAL OR INSTITUTION OR	STREET (M rure) give location) ADDRESS
STREET ADDRESS	
3. NAME OF (First) (Middle) DECEASED	(Lest) 4. DATE (Month) (Dey) (Year)
Phone and Parish	logue DEATH December 24 19 55
S. SEX   6. COLOR OR   1.7. SINGLE, MARRIED.   B. DATE	OF BIRTH 9. AGE fest binhdey   IF UNDER 1 YEAR   IF UNDER 24 HRS.
Fem White Specify Married	LC. 3. 1898 5 7 yrs. Months Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS	BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even if retired)  OR INDUSTRY	COUNTRY?
13. FATHER'S MAME	14. MOTHER'S MAIDEN NAME
The state of the s	14. Montak a Montak Maria
JOHN MINICIPAL	Trentella
15. WAS DECLASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Yes, no, or unk.) (If Yes, give wer or detes of service)	Walted Have Stell Stell Stell
18. MEDICAL CE	ERTIFICATION INVERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
4 . / IMMEDIATE CAUSE (A) Apparant Corone	ry Occiusion With Myocardial Immediate
DUE TO	Infarction
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO	
STATING CHOSE CASE (C)	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
190, DATE OF OPERATION   196, MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO
21e. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, farm, fectory, OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bidg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21s. INJURY OCCURRED While Not while	21f. HOW DID INJURY OCCUR?
M. et work L et work L	
22. I hereby certify that I attended the deceased from	19 that I last saw the deceased
	at9\$ .3.0.1M, from the causes and on the date stated above.
SIGNATURE /	ADDRESS (Street, city, town, state) DATE SIGNED
14/2/0	
23 RUBLAT CREMATION   DATE THEREOF   NAME OF CEMETERY C	Shady Side, Md Dec. 26 1955
23. BURIAT, CREMATION, DATE THEREOF NAME OF CEMETERY C	R CREMATORY LOCATION (City, town, or county) (Stete)
Burial 12/27/53 Fact N	incalled Uselle D. C.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Dag 26551 & B D	Hardet Land de William
DAIL WARE COLOR OF THE COLOR OF	There I server the House
	The

Dic 5,1898 57 Quelicies (litet frequier, Van.

Quelos Hindusers Stankers, Stan, Stan,

Buril 12/27/53 Fort Taisole Mark. F. E. Haracity Frances Am John being

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the regular within 7.3 hours after duath. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

ATTENDING

VS A15C 1-55 10M

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11510

### CEDTIFICATE OF DEATH

110.	SU CER	IIIICA		R	leg. Dist. No.	***************************************
1. PLACE OF DEATH			2. USUAL RESID	ENCE (HOME) OF D	ECEASED	
COUNTY Anne Ar	undel	MARYLAND	STATE Md	COUNTY	A.A.	
CITY (If outside conflorate limit OR and give nedget lown)		LENGTH OF STAY	CITY (Il outside co	rporeta limits, write RURAL	end give nearest town	)
OR end give ried but Jown	00.	(in this place)	OR TOWN 5	lersville		ng.
HOSPITAL OR	me		STREET		ive location)	
STREET ADDRESS Sanas	Nursing Home		ADDRES\$			
3. NAME OF (Fit	rst)	(Middle)	(Last)	4. DATE (Mo	nth) (Dey)	(Yeer)
(Type or Print) Jame	S		IRONS	DEATH	Dec. 28	19 55
5. SEX   6. COLOR OR	7. SINGLE, MARRI	ED, 8. DA	TE OF BIRTH	9. AGE lest birthdey	IF UNDER 1 YEAR	IF UNDER 24 HRS
RACE	WIDOWED, DIV (Spacify)	rried Ja	m 90 1027	0.9 ym.	Months Days	Hours Min.
10a, USUAL OCCUPATION (Give kin		ID OF BUSINESS	n 20, 1863	- V/U	1	EN OF WHAT
done during most of working li	ifa, avan if OR	INDUSTRY			U.S.A	NTRY?
13. FATHER'S NAME	nstruction.		I Scotland I 14. MOTHER'S MAIDE	MAME	0.7.0	
IS. PATRICK'S NAME	** *					
	Unknown	*		cnown		
15. WAS DECEASED EVER IN U. S. (Yes, no. or unk.) (If Yas, give wa	ARMED FORCES? 16	. SOCIAL SECURITY NO			m 1 m	
(1 tas, giva wa	if Of deles Of service)		Mrs. Wm.	Page 405 .	2 st.St.	a. Del-
I DISEASES OR CONDITIONS DIRE	CTLY LEADING TO DEATH	18. MEDICAL	CERTIFICATION			ERVAL BETWEEN
	Harmond	tensive Cond	io Vascular dis	100000	2	
4 IMMEDIATE CAUSE	(2)	HUSTAN ONLO	TO ASSCRIBE OF	Hases		
ANTECEDENT CAUSE(	1 7/2 7	meral Arteri	a enlaracie		?	
DISEASES OR CONDITIONS, IF A GIVING RISE TO THE ABOVE CA	USÉ	IOTEL IL GOLL	0 001010010		-	
STATING UNDERLYING CAUSE LA	AST. DUE TO					
II OTHER SIGNIFICANT CONDITION						
TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSIN					1	
19a, DATE OF OPERATION	196. MAJOR FINDINGS	OF OPERATION			2	0. AUTOPSY?
•	-				YES	No 🔯
218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	ATH OF INJURY street, (ICR)	e, farm, fectory, offica bidg., atc.)	21c. WHERE DID INJURY OC	CUR? (City or town)	(County)	(State)
21d. TIME OF INJURY (Month) (	Day) (Year) (Hour)   21a.	INJURY OCCURRED	21. HOW DID INJURY OC	CUR?		
	M. al w	la Notwhila C	]			
22. I hereby certify that	t I attended the dece	ased from 6/25/5	5 19 to 12	2/28/55 19	that I last sa	w the deceased
alive on 12/26/5	5 10	that don't comme	at 1/45 PM, from the	course and on the	date stated above	10
SIGNATURE	2, 17. ph	mai peam occurred	NI HIDH DAGGGGGG	DRESS (Streat, city, to	wn, siata)	OATE SIGNED
Kinstave/	Xtuebe	+1 MU M.D.	Glen Burnie.N		10/20/	EE
10	DATE THEREOF	NAME OF CEMETERY		LOCATION (City, tov	vn, or county)	(Stela)
REMOVAL (SPECIFY)						
Harial  24. REC'D BY REGISTRAR		Sh It Oliv	e t	S SIGNATURE	ADDRES:	1.
I A N O	REGISTRAR'S SIGNATURE	1			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
-garel IV 7 1977	d. 112	sucan	Wm. Corte.	1217	St. Roul	20.0

wated to

# INSTRUCTIONS

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11511

# 11521 CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH		2. USUAL RESIDE	NCE (HOME) OF DECE	ASED	
counder NNe Arundal	MARYLAND	STATEMd.	COUNTY Bal	timore City	
CITY (If outside corporate limits, write RURAL	LENGTH OF STAY	CITY (II outside corp	orale fimits, write RURAL and giv	re nearest fown)	
OR end give neerest town TOWN Crownsville	18 mo.	OR TOWN Balt	imore	2	
HOSPITAL OR			Lanvalue St loc	nión)	
STREET ADDRESS Crownsville State He	ospital	ADDRESSL (14	· PRUARTA Dr.		
	(ddle)	(Lest)	4. DATE (Month)	(Dey) (Year)	
DECEMBE	1 R	, cont	OF		
	nson ( 2	noun	Dec	24, 19559	
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, RACE WIDOWED, DIVOR	RCED.	OF BIRTH	9. AGE last birthday IF I	JNDER 1 YEAR IF UNDER 24 HRS.	
Female Negro SpecifWidow	ed Feb.	1. 1904	51 yrs.		
10e, USUAL OCCUPATION (Give kind of work   10b, KIND	OF BUSINESS	11. BIRTHPLACE (Stelle or for	eign country)	12. CITIZEN OF WHAT	
done during most of working lile, even it refired) domestic Housew		Maryland		U.S.A.	
13. FATHER'S NAME	1	14. MOTHER'S MAIDEN	NAME,		
R		Cland	thought-		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 1 16. S	SOCIAL SECURITY NO.	1 17. INFORMANT &	ADDRESS		
(Yes, no, or unk.) (II Yes, give war or deles of service)	OCIAL SECORIT NO.	2	122/1 /	1-01. PI	
No		Way 2	20mm 1271/7	weeks 14.	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CER	RTIFICATION (		INTERVAL BETWEEN ONSET AND DEATH	
// ^ 1 / Co	ronary Throm	homin	posis		
AUC TO	TOTAL THEORY	(VOBED		sudden	
DISEASES OR CONDITIONS, IF ANY, (B)					
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO					
CO CX A (C)					
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING DEATH.	ary Tubercul	osis		since Dec.1952	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF	OPERATION			20. AUTOPSY?	
				YES NO	
216. ACCIDENT WAS UNDERLYING   216. PLACE (Home, OR CONTRIBUTING   CAUSE OF DEATH   OF INJURY street, office		21c. WHERE DID INJURY OCCI	JR? (City or town)	(County) (State)	
(IF EITHER, NOTIFY MEDICAL EXAMINER)   21d. TIME OF MULUY (Month) (Day) (Year) (Hour)   21e, IN	JURY OCCURRED	211. HOW DID INJURY OCC	10.3		
While	Not while	ZII, HOW DID INJURE OCC	DKI		
M. st work					
22. I hereby certify that I attended the decease					
alive on Dec 24,, 19.55 and the	nat death-eccurred at	7.130 AM, from the	causes and on the date	stated above.	
SIGNATURE /	7/1	ADI	RESS (Street, city, Jown, stel	e) DATE SIGNED	
hermy feelellest	164 M.D.	Crownsvi	Lle. Md.	12/26/55	
PEHOVAL (SPECIEVI	NAME OF CEMETERY OR	CREMATORY	LOCATION (City, town, or	ounty) (State)	
REMOVAL (SPECIFY) /2-29-55	motau	bum.	med		
24. REC'D BY REGISTRAR   REGISTRAR'S SIGNATURE		25, FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS	
WIFC 2 M. Chan	-0.0	1911 816	Mm 13482	Calheren	
DATE CO. 100. YOU	W .	1 20 Del 6			
	•				

DECEINED.

The

WRITE

SE

PLEA!

### MARYLAND STATE DEPARTMENT OF HEALTH

11522

(First)

6. COLOR OR RACE

Colored

Herman

John D. Johnson

16. WAS DECRASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Anne Arundel CITY (If outside corporate limits, write RURAL and

TOWN give nearest town Burnie

10a. USUAL OCCUPATION (Give kind of work

done during most of working life, even if retired)

(Yes, no, or unknown) (If yes, give war or dates of

Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last

Immediate cause Antecedent cause(s)

21. EXTERNAL CAUSE WAS

INJURY

1. PLACE OF DEATH

HOSPITAL OR INSTITUTION OR

STREET ADDRESS

13. FATHER'S NAME

COUNTY

3. NAME OF

DECEASED

(Type or Print)

### CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

STREET

ADDRESS

(Lnat)

8. DATE OF BIRTH

27 Sept. 1890

Maryland

Reg. Dist. No... 2. USUAL RESIDENCE (HOME) OF DECEASED. STATE COUNTY Mary and St. Mary's CITY (If outside corporate limits, write RURAL and give nearest town) (If rural, give location) (Month) (Day) (Year) BCC. 7th 9. AGE last hirthday | If under 1 year | If under 24 hrs. | Months | Days | Hours | Min. 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT

14. MOTHER'S MAIDEN NAME Mary Smith 17. INFORMANT

TOWN Lexington Park

Rural

4. DATE

OF DEATH

Plaza Manor N. Home Records.

(CITY OR TOWN)

Zeerebral Hemorrhage

LENGTH OF STAY

(In 2this place)

Johnson

(Middle)

(Specify)

INDUSTRY

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MATTION

10b. KIND OF BUSINESS OR

Farm

Geberal Arterioslerosis

II. OTHER SIGNIFICANT CONDITIONS

Plaza Manor Nursing Home

D.

Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION

PLACE (Home, farm, factory, street, OF office bldg., etc.) PRIMARY OR CONTRIBUTING CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED

While at Not while at work HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy [], Inspection [], Inquiry [] thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes 🚰, accident 🗀, suicide 🗀, homicide 🦳, undetermined 🗀. SIGNATURE (Degree or title)

Deputy Medical

Glen Burnie.Md. CEMETERY OR CREMATORY

DATE SIGNED

ONSET AND DEATH

2 days.

20. AUTOPSY

(STATE)

(COUNTY)

23. BURIAL, CREMATION REMOVAL (Specify) Burial Holv Face DATE BEC'D BY LOCAL

I LOCATION (City, town, or county) Great Mills. Md.

ADDRESS P.B. Robinson - Leonardtown, Md.

BUREAU Y. S.

SEC 14 1952

72 hours after death. After this director, the third copy of this

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

### 11523 CERTIFICATE OF DEATH

1151328

1. PLACE OF DEATH		2. USUAL RES	IDENCE (HOME) OF DECE	ASED		
COUNTY Anne Arundel	MARYLAND	STATE Mary	yland county Sum	mer Set		
CITY (If outside corporeta limits, write I	RURAL LENGTH OF STAY	CITY (If outside	corporate limits, write RURAL end giv			
OR and give nearest town! Crownsville	Md. 4-14-55 to	17-17:35	Summerset, Md.	2		
HOSPITAL OR INSTITUTION OR		STREET	(If rural giva foca	5 FS		
INSTITUTION OR	12 - Ct-t- Harr	ADDRESS.		,		
	lle State Hosp.		Summer Set, Md.			
3. NAME OF (First) DECEASED	(Middle)	(Last)	4. DATE (Month)	(Day) (Yaar)		
(Type or Print) Sarah	Hannah	Johnson	DEATH  2-1	7-55		
	7. SINGLE, MARRIED, 8. D	ATE OF BIRTH	9. AGE fest birthday   IF U	NDER 1 YEAR   IF UNDER 24 HR		
Female Negro	WIDOWED, DIVORCED, (Specify) Widowed	2005	70 yrs. Mon	ths Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of wo	WLCOWEO 1 10b, KIND OF BUSINESS	1885		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
done during most of working life, even	IF OR INDUSTRY			COUNTRY?		
retired) Farm Worker		Maryla		U.S.A.		
13. FATHER'S NAME		14. MOTHER'S MA	AIDEN NAME			
/ "		77.3				
15. WAS DECEASED EVER IN U. S. ARMED	FORCEST 18. SOCIAL SECURITY N	O. 17. INFORMAL	NT & ADDRESS			
(Yes, no, or)unk.) (If Yes, give war or date						
No #/ Record Crownsville State Hos						
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						
IMMEDIATE CAUSE (A) Pulmonary Tuberculosis, Far advanced						
MINIECEDEM CAUSE(S)	IE TO					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE	(B)					
STATING UNDERLYING CAUSE LAST. DUE TO						
(C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
TO THE DEATH BUT NOT RELATED TO THE						
DISEASE OR CONDITION CAUSING DEATH						
19a. DATE OF OPERATION 19b.	MAJOR FINDINGS OF OPERATION			20. AUTOPSY?		
OF ACCIDENT WAS UNDERLYING ET L	OIL DIAGE HILL CO.	4 as 1.0.000 p.a. 0.000		YES NO		
21a. ACCIDENT WAS UNDERLYING     OR CONTRIBUTING   CAUSE OF DEATH   (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bidg., atc.)	21c. WHERE DID NUURY	OCCUR? (City or town)	(County) (State)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21s. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?						
M. at work at work						
22. I hereby certify that I attended the deceased from 19						
alive on. 12.17.554, 19						
nd Vales	11/1/1/2		ADDRESS (Streat, city, lown, stal.	12-17-55		
1-1/6/14	M.D.					
23. BURIAL, CREMATION, PEROVAL (SPECIFY)	THEREOF NAME OF CEMETER	Y OR CREMATORY	LOCATION (City, town, or o	ounty) (State)		
	227-57 John 1	reslain	marion	to mil		
24 REC'D BY REGISTRAR REGIST	RAR'S SIGNATURE	25. OUNERAL DIRECT	OR'S SIGNATURE	ADDRESS		
-12-22-55 A	Ellie D. Trayna	- 10/	. 14. 0 1	1 200		
DATE 12-22-55 REGISTRAR REGIST	elle & Payre	25. COUNERAL DIRECT	TOR'S SIGNATURE	ADDRESS W		

daterine M. Jayens



# ATTENDING HYSICIAN OR HOSPITAL: The law requires that the death certificate be executed. The bottom copy may be retained by the hospital or attending physician. **INSTRUCTIONS**

TO ATTENDING

VS A15C 1-55 10M

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 7.2 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11524 CER	<b>TIFICATI</b>	E OF DEA	TH		2011
-			Re	g. Dist. No.	23
1. PLACE OF DEATH		2. USUAL RESIDENC			
COUNTY Anne Arundel	налтемв	STATE Maryla	and county	Anne Aru	indel
CITY (If outside corporete limits, write RURAL	LENGTH OF STAY	CITY (# outside corpore			
OR end give nearest town]  X TOWN Linthicum Heights	(in this piece)	TOWN Lint	nicum He	ights	×
HOSPITAL OR INSTITUTION OR		STREET ADDRESS	(H rurel giv		/
Costreet Address 316 Maple Road	d.	316	Maple Ro	ad	
OCCUMUS.	Middle)	(Lest)	4. DATE (Mon	th) (Dey)	(Year)
(Type or Print) MYRTLE	T.	JOLLYE		ec. 4,	19 55
S. SEX 6. COLOR OR 7. SINGLE, MARRIE WIDOWED, DIV	ORCED.		AGE lest birthday	Months   Days	IF UNDER 24 HRS.
famale white (Specify) di	vorced Feb.	/	67 yrs.		
done during most of working life, even if OR	D OF BUSINESS INDUSTRY	11. BRTHPLACE (Stete or lareign		12. CITIZE	N OF WHAT
	s Hopkins   spital	South Carol		U.	S.A.
John Emory Smith	351 00T	Artemisia		27	
	SOCIAL SECURITY NO.	17. INFORMANT & AD		11	
(Yes, no, or unk.) (If Yes, give wer or dates of service)	JOCIAL SECURITY NO.	Mrs. Mild		r Lintl	higum Htg
	18. MEDICAL CE		Ted Oar ce		ERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH)	2	ZIA .	<b>¼</b> .		SET AND DEATH
4222 ZIMMEDIATE CAUSE (A)	ronce	Hyocarde	6		
ANTECEDENT CAUSE(S) DUE TO		7			
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO		· · · · · · · · · · · · · · · · · · ·			
(C)					
TO THE SEGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
194. DATE OF OPERATION 195. MAJOR FINDINGS C	OF OPERATION				0. AUTOPSY?
21e. ACCIDENT WAS UNDERLYING   21b. PLACE (Home	. farm. fectory.	21c. WHERE DID INJURY OCCUR?	(City or town)	(County)	(Stete)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, of	fice bldg., etc.)				
		21. HOW DID INJURY OCCUR			
22. I hereby cartify that I attended the decea		10_ Wee	-4 ,1955	2 that I last say	w the deceased
		M, from the ca			
SIGNATURE	٠	ADDRI	EST (Street, city Jow)	Gatal)	DATE BIGNED
Must have	M.D./8	14411-1410	Wellell	une/No	1 15/54
23. BURIAL, CREMATION, DATE THEREOF, REMOVAL (SPECIFY)	NAME OF CEMETERY OF		LOCATION (City, town		(State)
Removal 12/5/55	Millers Co	emetery			<u>arolina</u>
24 REC'D BY REGISTRARY 5 REGISTRAR'S SIGNATURE	002	25. FUNERAL DIRECTOR'S SI	O	ADDRESS	
DATE Ar. Caldwee	& Oloodruft	WM-Gook	mc. 1217	St. Pau	1 Street
	00				

BUREAU V. S.

PHE HANDER

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11515

#### 11525 CERTIFICATE OF DEATH

DELIAL RESIDENCE (HOME) OF DECEASED

4 4 . 3 . 3		
COUNTY Anne Arundel MARYLAND	STATE Maryland COUNTY Calver	t
CITY (If outside corporate limits, write RURAL   LENGTH OF STAY		lown)
OR and give nearest lown) (In this place)	TOWN Charancels Panch	A 1 -
HOSMIAL OR 23yrs.13m	Chesapeake Beach	Co last
INSTITUTION OR	ADDRESS	
/ STREET ADDRESS Crownsville State Hospital	None listed	1/
3. NAME OF (First) (Middle) DECEASED	OF	(Year)
(Type or Print) Compton	Jones DEATH 12	26 19 55
5. SEX   6. COLOR OR   7. SINGLE, MARRIED,   8.	DATE OF BIRTH 9. AGE lest birthday IF UNDER 1 Y	EAR   IF UNDER 24 HRS
Male Negro (Specify) Married	1892? 63? yn	ays Hours Min.
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY		CITIZEN OF WHAT
Taborer Unknown	Maryland	U. S
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
George Jones	Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY	NO. 17. INFORMANT & ADDRESS	
(Yes, no or unk.) (W Yes, give war or detes of service) Unk. Unk.	Hospital Records	
16. MEDICA	L CERTIFICATION	INTERVAL BETWEEN
T DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
MAMEDIATE CAUSE (A) Corebrovascu	ılar Accident	12 days
ANTECEDENT CAUSE(S) DUE TO		
DISEASES OR CONDITIONS, IF ANY, (B) Cerebral Art	teriosclerosis	
STATING UNDERLYING CAUSE LAST. DUE TO		
(C)		
TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING DEATH.  Hypostatic F	neumonia	2 days
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		YES NO 🔼
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Homa, form, factory,	21c. WHERE DID INJURY OCCUR? (Gity or town) (County)	
19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Homa, ferm, factory, OF CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  19b. MAJOR FINDINGS OF OPERATION  21b. PLACE (Homa, ferm, factory, OF INJURY streat, office bidg., atc.)		YES NO 🔼
198. DATE OF OPERATION  196. MAJOR FINDINGS OF OPERATION  218. ACCIDENT WAS UNDERLYING   21b. PLACE (Homa, ferm, factory, OF CONTRIBUTING   CAUSE OF DEATH   OF INJURY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED	211. HOW DID INJURY OCCUR?	YES NO 🔼
19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Homa, ferm, factory, OF CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  19b. MAJOR FINDINGS OF OPERATION  21b. PLACE (Homa, ferm, factory, OF INJURY streat, office bidg., atc.)	211. HOW DID INJURY OCCUR?	YES NO SI
19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT WAS UNDERLYING  CR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Dey) (Year) (Hour)  M. 21e. INJURY OCCURRED  While at work  8t work	211. HOW DID INJURY OCCUR?	YES NO SI
19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT WAS UNDERLYING   21b. PLACE (Homa, ferm, factory, OF INJURY streat, office bidg., atc.)  19c. INJURY (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED White at work   21d. Time of INJURY (Month)   21d. INJURY OCCURRED White at work   21d. Indeed the deceased from 1/21	211. HOW DID INJURY OCCUR?  1/48 , 19 , to 12/26 , 19.55 , that I la	YES NO SI (Stata)
198. DATE OF OPERATION  198. MAJOR FINDINGS OF OPERATION  218. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. INJURY OCCURRED  White at work  22. I hereby certify that I attended the deceased from 1/21  alive on 12/26 , 19 55 , and that death occur	211. HOW DID INJURY OCCUR?  1/48 19 to 12/26 19.55 that I la  rred a3:55P.e.M. from the causes and on the date stated	(Stata)  (Stata)  (Stata)
198. DATE OF OPERATION  198. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT WAS UNDERLYING   21b. PLACE (Homa, ferm, factory, OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED Not white at work   22. I hereby certify that I attended the deceased from 1/21 alive on 1/2/26 19 55 and that death occur signature  22. Benedict	211. HOW DID INJURY OCCUR?  1/48 , 19 , to 12/26 , 19.55 , that I la rred a3:55P.e.M., from the causes and on the date stated ADDRESS (Street, city, town, state)	YES NO (State)  (State)
198. DATE OF OPERATION  198. MAJOR FINDINGS OF OPERATION  218. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTHEY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. INJURY OCCURRED  White white at work  22. I hereby certify that I attended the deceased from 1/21  alive on 12/26 19 55 , and that death occur  SIGNATURE  SWELLE (Lie. Benedict, M.	211. HOW DID INJURY OCCUR?  1/48 , 19 , to 12/26 , 19.55 , that I la rred a3:55P.e.M., from the causes and on the date stated ADDRESS (Street, city, town, state)	(State)  (State)  State  State
19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21e. INJURY OCCURRED While at work  22. I hereby certify that I attended the deceased from 1/21 alive on 12/26 19 55 , and that death occur signature  34466 (L. Benedict, M.	211. HOW DID INJURY OCCUR?  1/48 , 19 , to 12/26 , 19.55 , that I la rred al. 55P.s.M., from the causes and on the date stated ADDRESS (Street, clly, town, state)  D. Crownsville, Md.  ERY OR CREMATORY   LOCATION (City, town, or county)	(State)  (State)  (State)  State   Sta
198. DATE OF OPERATION  198. MAJOR FINDINGS OF OPERATION  218. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH OF INJURY Street, office bidg., etc.) [If EITHER, NOTIFY MEDICAL EXAMINER]  21d. TIME OF INJURY [Month] (Dey) (Year] (Hour) 21e. INJURY OCCURRED While All work at work of work at work	211. HOW DID INJURY OCCUR?  1/48 , 19 , to 12/26 , 19.55 , that I la rred a3:55P.e.M., from the causes and on the date stated ADDRESS (Street, clly, town, state)  D. Crownsville, Md.  ERY OR CREMATORY   LOCATION (City, town, or county)  Calcust Co.	(Stata)  (Stata)  (Stata)  Stata  Sta
198. DATE OF OPERATION  198. MAJOR FINDINGS OF OPERATION  218. ACCIDENT WAS UNDERLYING   21b. PLACE (Homa, ferm, factory, OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Day) (Year] (Hour) 21e. INJURY OCCURRED While at work   Not white at work   Not white at work   22. I hereby certify that I attended the deceased from 1/21 alive on 12/26 , 19 55 , and that death occur signature   DATE THEREOF   NAME OF CEMENT 12/36/55   St. Ch.	211. HOW DID INJURY OCCUR?  1/48 , 19 , to 12/26 , 19.55 , that I la rred a3:55P.e.M., from the causes and on the date stated ADDRESS (Street, city, town, state)  D. Crownsville, Md.  ERY OR CREMATORY   LOCATION (City, town, or county)  Calcult Co.  1 25. FUNERAL DIRECTOR'S SIGNATURE. AD	State

£ 0

ath. After copy of

72 hour

within

registrar by the f

the the

filed

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certificate

requires that the death

physician

attending p detached for

후

or attending physician.

copy may be retained by the hospital

FUNERAL DIRECTOR: The law

certificate assembly

has

certificate death certi

24. REC'D BY REGISTRAR

REGIS

1955

with

## 11499 CERTIFICATE OF DEATH

Reg. Dist. No.... 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED STATE MARYLAND (Il outside corporete limits, write RURAL and give nearest town) (If outside corporete limits, write RURAL LENGTH OF STAY and give naerest town! (in this placa) Hnnanov **TOWN** TOWN HOSPITAL OR (If rural give location) ADDRESS INSTITUTION OR N. Woodlason STREET ADDRESS L'ord lawin (Middle) DATE (Month) (Year) (Last) 3. NAME OF DECEASED JUNES (Type or Print) 19 6. COLOR OR 8. DATE OF BIRTH 9. AGE lest birthday IF UNDER 1 YEAR IF UNDER 24 HRS 7. SINGLE, MARRIED WIDOWED, DIVORCED, RACE Months Deys (Specify) 10a, USUAL OCCUPATION (Giva kind of work KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY 2 done during most of working life, even if OR INDUSTRY 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME WAS DECEASED EVER IN U. S. ARMED FORCES?L 16. SOCIAL SECURITY NO. (Yes/no, or unk.) INTERVAL BETWEEN 18. MEDICAL CERTIFICATION E DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH DUE TO ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 20. AUTOPSY? 19b. MAJOR FINDINGS OF OPERATION YES 🖂 NO 21a. ACCIDENT WAS UNDERLYING [7 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) 21b. PLACE (Home, Jerm, Jectory, OR CONTRIBUTING [ CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? (Year) While Not while et work at work AUGUS 1 1955 1) EC., 19.55 that I last saw the deceased 22. I hereby certify that I attended the deceased from ... M, from the causes and on the date stated above. /2 ...., and that death occurred at. alive on.../.2 ADDRESS (Street, city, town, state) DATE SIGNED 1-55 10M NAME OF CEMETERY OR CREMATORY 23. / BURIAL, CREMATION, DATE THEREOF LOCATION (City, town, or county (State) A15C REMOVAL (SPECIET)

25. FUNERAL DIRECTOR'S SIGNATURE

uad

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

### 11490 CERTIFICATE OF DEATH

his his

after death. After e third copy of

director,

funeral

registrar by the f

ء. ع

\_ kith Filed

completely

physician death ( 35

957

certificate

that the

DIRECTOR: The law requires that the street by the attending pi

FUNERAL

certificate

certificate assembly

death

Reg. Dist. No. 21 1. PLACE OF DEATH 2. USUAL PESIDENCE (HOME) OF DECEASED Anne Amundel STATE Marvland Anne Arundel COLINTY COUNTY MARYLAND (If outside corporate limits, write RURAL CITY (if outside corporate fimits, write RURAL and give negrest town) LENGTH OF STAY and give nearest town) (in this place) TOWN TOWN Annapolis Annapolis HOSPITAL OR CTREET (II rural give location) INSTITUTION OR ADDRESS STREET ADDRESS Anne Arundel General Hosptial 1023 West Street 3. NAME OF (First) (Middle) DATE (Month) (Day) (Last) (Year) DECEASED DEATH December Marv Jones (Type or Print) 6. COLOR OR 8. DATE OF BIRTH 9. AGE last hirthday IE LINDER 1 YEAR IE LINDER 24 HRS SINGLE, MARRIED WIDOWED, DIVORCED (Specify) Single DECEMBER 8, 1955 Months Days Female VIS. 1Da. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS 11. BIRTHPLACE (State or loreign country) CITIZEN OF WHAT done during most of working life, aven il OR INDUSTRY COUNTRY Annapolis. Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME William Mary Ann Brandow Jones 17. INFORMANT & ADDRESS 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yas, no, or unk.) (Il Yes, give war or detas of service) Mr Wm I Jones. Father- same as # 2 INTERVAL BETWEEN 18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH prematurity IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST, II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 2D. AUTOPSY 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION NO 21c. WHERE DID INJURY OCCUR? (City or town) 210. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fectory, (County) (Steta) OR CONTRIBUTING | CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21e. INJURY OCCURRED 21d. TIME OF INJURY (Month) (Dev) (Year) 21f. HOW DID INJURY OCCUR? Not while et work at work 22. I hereby certify that I attended the deceased from 12/8/55 ..., 19......., to 12/9/55 ..., 19......., that I last saw the deceased alive on 12/9/5519 SIGNATURE ADDRESS (Street, city, town, stata) DATE SIGNED 10M Annapolis. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) A15C REMOVAL (SPECIFY) Burial Hillcrest Ceme terv Annapolis, Maryland REGISTRALE'S SIGNATURE 25. SUNERAL DIRECTOR'S SIGNATURE ADDRESS 24. REC'D BY REGISTRAR Hopping Annapolis. Md.

3 .1

Hnknown

# 11526

# CERTIFICATE OF DEATH

Item 23. FilmG190 12-29-55 et	L EXAMINERS	Reg. Dist. No. 27	7
I. PLACE OF DEATH	2. USUAL RESIDENCE (I		
Anne Arundel MARYLAND	T (1110)	LS	k k
Climy (14	CITY (If outside corpor	ate limits, write RURAL and give ner	arest town)
OR give nearest town).  Town  Glen Burnie (rural	OR Chica	go	
HUSPITAL OR	STREET	(If rural, give location)	,
STREET ADDRESS U. S. Rt.//301	ADDRESS 69 Eas	t 79th Street	1
3. NAME OF (First) (Middle) DECEASED	(Last)	4. DATE (Month) (Di	y) (Year)
(Type or Print) Pater P.	Jonins	DEATH December 3	3 19 5
5. SEX 6. COLOR OR RACE 17. SINGLE MARRIED	8. DATE OF BIRTH	9. AGE last birthday   I! under I yes	Ill under 24 hrs
into Gaucasian Widowed, Divorced, (Specify) Sin la	7 august 7017	36 yrs. Months Day	Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business OR	11. BIRTHPLACE (State		TIZEN OF WHAT
dona during most of working life, even if retired)   INDUSTRY	Illinois	Coun	TRY?
3. Lier II. S. Army	14. MOTHER'S MAIDEN	NAME:	28
Jares Jonkus			
16 Was Duckeyon Parks In II V Apres Process 1 to Control Section No.	1 17. INFORMANT	maidan nama unknown)	
(Yes, nog or unknown) ( (If yes, give war or dates of	Service race	reci II A'reman	
		La O. B. MININ	
18. MEDICAL CE	ERTIFICATION	Tara	TERVAL BETWEEN
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			BET AND DEATE
V Y			
Immediate cause (a) Multiple skull f	ractures with to	raumatic distruction	-instant-
Antecedent cause(s) of brain			
Diseases or conditions, if any, (b)			
giving rise to the above cause	e war . All have belief and . whereast are no parties of agreement	ETTE - W000000 04200.000 51555	d I advante to treverally rated with
stating the underlying cause iast	a wase - 410000000000 of vivenes over ye up yy ygango		d S. del namber 2023 PPD Foods Podds VET
stating the underlying cause is at  (c)	The distributed of whether over propping		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing in the death but not			6.5 Maria Ser 20 20 Principal Delini VIII
If. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			2 Maria 2012 PAGE 1917
If. OTHER SIGNIFICANT CONDITIONS Conditions contributing in the death but not related to the disease or condition causing death.  19a., DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION			. AUTOPSY?
If. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a., DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		Y	w b No D
If. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a., DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	(CITY OR	Y	. /
If. OTHER SIGNIFICANT CONDITIONS Conditions contributing in the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING OF office bidg., etc.) CAUSE OF DEATH.  19b. MAJOR FINDINGS OF OPERATION OF office bidg., etc.) 10c. At 301.	Glen Lurris	TOWN) (COUNTY)	w b No D
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a., DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH.  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED		TOWN) (COUNTY)	w b No D
If. OTHER SIGNIFICANT CONDITIONS Conditions contributing in the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. EXTERNAL CAUSE WAS PRIMARY Por CONTRIBUTING OF Office bidg., etc.) PLACE (Home, farm, factory, street, OF office bidg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY December 13 135 fg.  While at Not while work at work at work of the primary of t	Glen Lurris	rown) (COUNTY)  Anne Amindel  Cur:	w b No D
If. OTHER SIGNIFICANT CUNDITIONS Conditions contributing in the death but not related to the disease or condition causing death.  19a., DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. EXTERNAL CAUSE WAS PRIMARY Son CONTRIBUTING OF OF office bidge, etc.) CAUSE OF DEATH.  TIME (Month) (Day) (Year) (Hour) (NJURY OCCURRED While at Mot while NJURY December 13 135 fp. work at work at work	Clen Lurrie HOW DID INJURY OF automobile	TOWN) (COUNTY)  Scur?  accident	(STATE)
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing in the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING OF office bldg., etc.) At 301  CAUSE OF DEATH.  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while of the standard of the remains described above, held an appropriate by said Autopsy, Inspection or Inquiry, find that said december 13 100 cm.	Clen lurnie HOW DID INJURY OF automobile Autopsy E, Inspection E	TOWN) (COUNTY)  CUR?  accident  Inquiry Fr thereon and from	(STATE)  Mo (D)  the evidence
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing in the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING OF office bldg., etc.) At 301  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while of INJURY December 13 135 fg. Work at work 2  22. I certify that I took charge of the remains described above, held an obtained by said Autopsy, Inspection or Inquiry, find that said december natural causes of accident suicide, homicide of the said december in th	Clen lurnie HOW DID INJURY OF automobile Autopsy E, Inspection E ased died on the day state undetermined [].	TOWN) (COUNTY)  CUR!  accident  Inquiry Thereon and from dabove, and death in my opin	(STATE)  No []  (STATE)  Midente the evidence vion resulted
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing in the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING OF office bldg., etc.) At 301  CAUSE OF DEATH.  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while of the standard of the remains described above, held an appropriate by said Autopsy, Inspection or Inquiry, find that said december 13 100 cm.	Clen lurric HOW DID INJURY OF automobile Autopsy [], Inspection [] ased died on the day state undetermined []. ADDRESS	TOWN) (COUNTY)  CUR?  accident.  Inquiry of thereon and from d above, and death in my opin	(STATE)  Mo (D)  the evidence
II. OTHER SIGNIFICANT CUNDITIONS Conditions contributing in the death but not related to the disease or condition causing death.  19a., DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. EXTERNAL CAUSE WAS PRIMARY Son Contributing of OF OPERATION  21. EXTERNAL CAUSE WAS PRIMARY Son CONTRIBUTING OF OPERATION  21. EXTERNAL CAUSE WAS INJURY OF office bidg., etc.) At a 301.  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF OPERATION  OF OF DEATH.  1. OF OFFICE OF OPERATION  While at Not while work at work at work obtained by said Autopsy, Inspection or Inquiry, find that said decent from: natural causes of the remains described above, held an anobtained by said Autopsy, Inspection or Inquiry, find that said decent from: natural causes of the remains described above, held an anobtained by said Autopsy, Inspection or Inquiry, find that said decent from: natural causes of the remains described above, held an anobtained by said Autopsy, Inspection or Inquiry, find that said decent from: natural causes of the remains described above, held an anobtained by said Autopsy, Inspection or Inquiry, find that said decent from: natural causes of the remains described above, held an anobtained by said Autopsy, Inspection or Inquiry, find that said decent from: natural causes of the remains described above, held an anobtained by said Autopsy, Inspection or Inquiry, find that said decent from: natural causes of the remains described above, held an anobtained by said Autopsy, Inspection or Inquiry, find that said decent from: natural causes of the remains described above, held an anobtained by said Autopsy, Inspection or Inquiry, find that said decent from: natural causes of the remains described above, held an anobtained by said Autopsy, Inspection or Inquiry, find that said decent from: natural causes of the remains described above, held an anobtained by said Autopsy, Inspection or Inquiry, find that said decent from the remains described above, held an another from the remains described above, held an anobtained by said A	Clen lurrie HOW DID INJURY OF automobile Autopsy [Anspection Frased cied on the dry state undetermined [ADDRESS] Coaum - Lile	TOWN) (COUNTY)  CUR?  accident.  Inquiry of thereon and from d above, and death in my opin  During Musical March.	(STATE)  Midente evidence vion resulted  AATE SIGNED
II. OTHER SIGNIFICANT CUNDITIONS Conditions contributing in the death but not related to the disease or condition causing death.  19a., DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. EXTERNAL CAUSE WAS PRIMARY Son CONTRIBUTING OF OF office bidge, etc.) CAUSE OF DEATH.  11ME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY December 13 135 fg. While at work at work at work obtained by said Autopsy, Inspection or Inquiry, find that said december in a said Autopsy, Inspection or Inquiry, find that said december in a said Autopsy, Inspection or Inquiry, find that said december in a said Autopsy, Inspection or Inquiry, find that said december in a said Autopsy, Inspection or Inquiry, find that said december in a said Autopsy, Inspection or Inquiry, find that said december in a said Autopsy, Inspection or Inquiry, find that said december in a said Autopsy, Inspection or Inquiry, find that said december in a said Autopsy, Inspection or Inquiry, find that said december in a said Autopsy, Inspection or Inquiry, find that said december in a said Autopsy, Inspection or Inquiry, find that said december in a said Autopsy, Inspection or Inquiry, find that said december in a said Autopsy, Inspection or Inquiry, find that said december in a said Autopsy, Inspection or Inquiry, find that said december in a said Autopsy, Inspection or Inquiry, find that said december in a said Autopsy, Inspection or Inquiry, find that said december in a said Autopsy, Inspection or Inquiry, find that said december in a said Autopsy, Inspection or Inquiry, find that said december in a said Autopsy, Inspection or Inquiry, find that said december in a said Autopsy, Inspection or Inquiry, find that said december in a said Autopsy in a sa	Clen lurrie HOW DID INJURY OF automobile Autopsy [Anspection Frased cied on the dry state undetermined [ADDRESS] Coaum - Lile	TOWN) (COUNTY)  CUR?  accident.  Inquiry of thereon and from d above, and death in my opin  Dulled M.  COUNTY)	(STATE)  No []  (STATE)  Midente the evidence vion resulted
II. OTHER SIGNIFICANT CUNDITIONS Conditions contributing in the death but not related to the disease or condition causing death.  19a., DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. EXTERNAL CAUSE WAS PRIMARY Son Contributing of Off office bidge, etc.) CAUSE OF DEATH.  11ME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY December 13 135 fg. While at work at work work at work obtained by said Autopsy, Inspection or Inquiry, find that said december individual and a contribution of the co	Clen lurrice HOW DID INJURY OF automobile Autopsy M. Inspection Pased cied on the dry state undetermined M. ADDRESS Coaucia - Glic GRY OR CREMATORY	TOWN) (COUNTY)  CUR?  ACCIDENT.  ACCIDENT.  Accident.  A Inquiry of thereon and from dabove, and death in my opin  COATION (City, town, or county)  Affirst of Chicago,	(STATE)  Midente evidence vion resulted  AATE SIGNED
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing in the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING OF office bidg., etc.) CAUSE OF DEATH.  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY December 13 135 fg. Work at work 2  22. I certify that I took charge of the remains described above, held an obtained by said Autopsy, Inspection or Inquiry, find that said decented from: natural causes , accident suicide , homicide from: natural causes , accident suicide homicide (Degree or this)  AUCLAUL HALL CREMATION DATE THEREOF NAME OF CEMETE REMOYAL (Specify)	Clen lurrie HOW DID INJURY OF automobile Autopsy [Anspection Frased cied on the dry state undetermined [ADDRESS] Coaum - Lile	TOWN) (COUNTY)  CUR?  ACCIDENT.  ACCIDENT.  Accident.  A Inquiry of thereon and from dabove, and death in my opin  COATION (City, town, or county)  Affirst of Chicago,	(STATE)  Midente evidence vion resulted  AATE SIGNED

Un'meym

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians; please write the causes of death clearly and legibly.

The correct age



the negister within T. Freum after denth. After this in by the funeral director, the third copy of this

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled will certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

#### CERTIFICATE OF DEATH 11527

11519

	Reg. Dist. No
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Anne Arundel	STATE Md. COUNTY AA
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY (ff outside corporate limits, write RURAL and give nearest town) OR
OR and give nearest town   13 months	TOWN Gambrills (Rural)
HOSPITAL OR INSTITUTION OR	STREET (If rura) give location) ADDRESS
STREET ADDRESS Sann's Nursing Home	Linguisy
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) John	Kurtz Dec. 31, 1955
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, B. DATE O WIDOWED, PIVORCED, 12/26	The state of the s
In M (Spaciny) LETT.Ted TY/20	/ 1861. 94 yrs. Months Days Hours Min.
10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, evan if or INDUSTRY own Farm	Austria USA <sup>UNTRY?</sup>
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
? Kurtz	Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS 25 Clarendon Ave
none	Mrs John Kurtz, Baltimore 8, Md.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEEN ONSET AND DEATH
MARCIATE CAUSE (A)	1200 100515 " 150000)
ANTECEDENT CAUSE(S) DUE TO	
DISEASES OR CONDITIONS, IF ANY, (B) 2000 2 20 7 AV	ANTENIOCI ENCOIS 10 FRAIS
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
22- ACCIDENT WAS INDEDIVING IN 1 21 - BLACK ALL	YES NO
21a. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, farm, factory, OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bidg., etc.)  (IF ETHER, NOTIFY MEDICAL EXAMINER)	1c. WHERE DID INJURY OCCUR? (City or town) (County) (Stale)
	21F. HOW DID INJURY OCCUR?
M. al work at work	
22. I hereby certify that I attended the deceased from 170.	19.5. J., to 126. 3. J., 1955., that I last saw the deceased
alive on 2002, 19.5, 5, and that death occurred at	10.50 M, from the causes and on the date stated above.
SIGNATURE	ADDRESS (Street, city, town, state) DATE SIGNED
Lemand I Themal M.D.	62mh 1/15 Md 1-1-56
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR REMOVAL (SPECIFY)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Burial 1/3/56 Our Lady of  24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	Fields Com Millersville Md ADDRESS
14. REC'D BT REGISTRAK REGISTRAK'S SIGNATURE	25. FONERAL DIRECTOR'S SIGNATURE ADDRESS
Matel 1 1956 No. 11. Jayces	Hopping & Kirkley, Glen Burnie, Md.

4 8 Sa Sa Tallia

MIN VIEDER

EVERAL V. S.

# 11529

# CERTIFICATE OF DEATH

FOR MEDICAL	L EXAMINERS F	Reg. Dist. No
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DEC	
COUNTAINE Arundel MARYLAND	STATE	COUNTY
UITI (II Outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write R	URAL and give nearest town)
Y TOWN give nearest town O. Severna Park (15 y.	TOWN Same	
HOSPITAL OR Light St.	STREET (H rural, g	ive location)
HOSPITAL OR Light St. INSTITUTION OR STREET ADDRESS irleigh Heights	Same	
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE OF	(Month) (Day) (Year)
(Type or Print) Grace Gertrude L11	nkenhoger DEATH	Dec. 13 1955
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, WIPORCER, (Specify)	8. DATE OF BIRTH 9. AGE last birth 10/2/94 61	yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 1 10b. Kind of Bisings of	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT
done during most of working life, even if retired) Inpuster Housewife.	Richmond Va.	Country
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
<u>Charles Bellam</u>	Mannie Harris	
15. Was DECEASED EVER IN U.S. Armed FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT	
lservice) No None	Abraham Linkenhoger, (h	usband)
IB. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATE
Immediate cause (a) Coronary Occlus	sion	Sudden
Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSYT
		Yes No C
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING Office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not while INJURY m. INJURY	HOW DID INJURY OCCUR!	
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said dece from: natural causes a accident . suicide ., homicide ., SIGNATURE  (Degree or title)  Deputy Medical	ased died on the day stated above, and dundetermined []. ADDRESS  Glen Burnie, Md.	DATE SIGNED  12/14/55
REMOVAL (Specify) Dec: 16/1955 Street 86	RY OR CREMATORY LOCATION (City,	town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE DEC-16-1955. L- Dealla	24. FUNERAL DIRECTOR	Burnie Mel.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Inpply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age



V\$ A15C 1-55 10M

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11530 CERTIFICATE OF DEATH

28

11522

	Keg, Dist. No
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Anne Arundel MARYLAND	STATE Maryland COUNTY Baltimore City
CITY (II outside corporate limits, write RURAL   LENGTH OF STAY	CITY (It outside corporate limits, write RURAL and give naarest town)
OR end give nearest town Town Crownsville 2 yrs.5mos	
HOSPITAL OR INSTITUTION OR	STREET (N rural give location) ADDRESS
/ STREET ADDRESS Crownsville State Hospital	1352 N. Camhoun Street
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Beatrice	Maynard DEATH 12 29 19 55
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DA	TE OF BIRTH 9. AGE last birthday IF UNDER 1 YEAR   IF UNDER 24
	ec. 1909 Lb yrs. Months Days Hours M
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
ratired) Unknown	Undetermined U. S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	. 17. INFORMANT & ADDRESS
(Yes, no, or unk.) (If Yes, give wer or dates of service) Unk. Unk.	Hospital Records
I' DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	CERTIFICATION INTERVAL BETWEEN ONSET AND DEAT
. 17	
	lage O vajo
ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY, (B)  Hypertension	Unknown
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	
(C)	
TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH HYPOTOXIA	
198. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO
21a. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Homa, farm, fectory, OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or lown) (County) (Stele)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While Not while At work at work	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 1/6	6 19.55 to 12/29/ 19.55 that I last saw the decea
	d at 7.30a.M, from the causes and on the date stated above.
alive on	ADDRESS (Street, city, town, stets) DATE SIGN
Theolegard Hopey Key Auca a mo.	Crownsville, Md. 12/29/5
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY	
Burial 1-5-36 Mt. Cal	lvary a.a. Co.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. JUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE & The Mr. Jane	Lev. D. Kulson 1348.11, Gunton

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James Weembill . " Med ... Brahmasing in the state of the Mention 12 2 37 bost-11-6 ille 1800 c. 11 of the state of the same of the same Jel. : 2 1/2 / 1/2 4 11 12 12 12 12 12 1 The way of 12 like to be not to

The bottom copy may be retained by the hospital or attending physician.

INSTRUCTIONS

the registrar within 72 hours after death. After this in by the funeral director, the third copy of this

11524

#### CERTIFICATE OF DEATH 11492

Reg. Dist. No.....

き	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	=
he af	COUNTY arme area del MARYLAND	STATE Meyland country arme areanded	,
ctor, _	CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (II outside comprete limits, write RURAL end give neatest town)	~ -
る。	OR end give nearest town. (In this place)	TOWN Rystemile hid	V
지음 기	HOSPITAL OR	STREET (II rural give location)	7
within	(3 STREET ADDRESS CAMPE Bundel Den Hosp	. ADDRESS Davidsonville md.	
-	DECEASED OUT	OF (Month) (Day) (Year)	
registrar by the	(Type or Print) ne authle tophe &	Ence DEATH 12 4 1853	_
	5. SEX 6. COLOR OR 7. SINGLE, MARRIED 8. DATE O	About 1 Days   House   Late	
9.0	much white (Specify) manual man	gh 23, 1713 40 yrs.	
= -	IDe. USUAL OCCUPATION (Giva kind of work done during most of working life, even if OR INDUSTRY)	11. BIRTHPLACE (Stata or foreign country) 12. CITIZEN OF WHAT COUNTRY?	
filled filled filled	retired ( bearmuth the Ship Kully and	Baltenne, md. wsa.	
filed tely if per	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
an .00 ½	as in & me all that.	Pauline Jenkins	1
complete	15. WAS DECEASED EVER IN U. S. ARMED FORCES?	17. INFORMANT & ADDRESS DOVICESONV-UL	Z,
iat	(Yassho, or unk.) (If Yes, give wer or dates of service) 2/209-2/08	hus John. a. mc aulifle me	2.
certificate and con a burial tr	18. MEDICAL CER	TIFICATION ONSET AND DEATH	
o un		tronger	
hysician	42 11 IMMEDIATE CAUSE (A) COPERTY		
phy .	ANTECEDENT CAUSE(S) DUE TO  DISEASES OR CONDITIONS, IF ANY, (8)		
that the ding phe ed for t	GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO	•	
	(C)		
attend	TO THE RESIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	·	
the the de	DISEASE OR CONDITION CAUSING DEATH	2D. AUTOPSY?	-
law re by th Id be	190, MAJOR FINDINGS OF OPERATION	YES NO	]_
The sted	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Homa, ferm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., atc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	Ic. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
DIRECTOR: The s been executed ate assembly sho	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21s. INJURY OCCURRED While While Not while et work	III. HOW DID INJURY OCCUR?	
IREC been s asse	22. I hereby certify that I attended the deceased from ALL 4	19 5 5 to Die 4 19 5 5 that I last saw the decease	sed.
\$ P	alive on De 4 1955 , and that death occurred at		
➡agig 좋	SIGNATURE	, ADDRESS (Strael, city, town, state) DATE SIGNI	ED
Series Se	Emby H. When M.D.	Lotter, md. 12-4, 1950.	_
FUNERA certificate death cert	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR REMOVAL (SPECIFY)	CREMATORY LOCATION (Oly, lown, or county) (Stele)	)
Ger dea	Rurial , 12/7/53 ST Warn	is been Unapoles med	1
<b>6</b> %	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	7.
	DATE 6 9 1955 Wm ( Transfer	John F. Cowanton Holling	1



11531

2411 N. Charles Street, Baltimore

11525

8	11531 Zerr N. Charles Street, Dailmore	
Fire	CEDTIFICATE OF DEATH	16
8	Item 13. FilmG190 12-22-55 et Reg. Dist. No.	h
The corne	1. PLACE OF DEATH. II 2. USUAL RESIDENCE (HOME) OF DECEASED.	. 11
	CAMMI (ASSINGLE MARYLAND /VIA	14
LA P	CITY (If outside corporate limits, write RURAL and OR give negrest town)  OR give negrest town)  TOWN  Churchen  TOWN  TOWN  TOWN  Churchen  TOWN  TOW	e nearest town)
gib	HOSPITAL OR STREET (If rural, give, location)	<u> </u>
E = =	INSTITUTION OR ADDRESS Brancheter	·
an	3. NAME OF (First) (Middle) (Lest) 4. DATE (Month) DECEASED (OF	(Day) (Year)
rly	(Type of Priot) /VE//IE C/ALP /VE//P N'N R DEATH J/C.C.	3 1966
clea	5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED, 8. DATE OF BIRTH 9. AGE last birthday If under Months (Specify) 1. July 1879 76 yrs.	I vear ilf under 24 hrs.
th	10a. USUAL OCCUPATION (Give kind of work   10b. Kind of Business or   11, BIRTHPLACE (State or foreign country)   12	1
Supply every item of information carefully write the causes of death clearly and legibly.	done during most of working life, even if retired) INDUSTRY	COUNTRY?
of	13. FATHER'S NAME	-7.77
y i	Claniel Hanner MCKENHILL MARY Smith	
cat	15. WAS DECRASED EVER IN U.S. ARMED FORCES? ITS. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (II yes, give war or dates of	
y e	no legrated	
ppl	18. MEDICAL CERTIFICATION	INTERVAL BETWEEN
Su	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATE
INK. please	Immediate cause (a) Arthropolerones generalyed	My Moiner
Ned .	Antecedent cause(s)	
G:i	Diseases or conditions, if any, (b)	
Zi a	giviog rise to the above cause stating the underlying cause last	
A ye	(e)	1
UNFADING t. Physicians:	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	
₽#	related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY!
Hat	1/	Yes No [4-
I M	21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bldg., etc.) (CITY OR TOWN) (COUNTY)	(STATE)
	HOMICIDE INJURY	
Alls	OF While at Not While	
AII)	INJURY m, Work At work	
PL esi	22. I hereby certify that I attended the deceased from 5 July , 1955, to 3 200, 1955, that I last a	aw the deceased
E .s	alive on 30 Nov., 1955, and that death occurred at 820 A.m., from the causes and on the date st	ated above.
E	SIGNATURE (Degree or title) ADDRESS	DATE SIGNED
WRITE PLAINLY, WITH U	17.13. Lasseer m. U- reper markbaso, mol.	3100cm
臼	23. BURIAL, CREMATION   DATE THEREOF   NAME OF CEMETERY OR CREMATORY   LOCATION (City, town, or count	
PLEASE	REMOVAL (Specify) Dec 6 1955 woodlawn Terre Hooke In	diona
TE	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 10 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ADDRESS
Ρ4	Horauty tuned Jane, Jel	sorble hid

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2501 A DEC

S 'A ANTIQUE

### 11533

# CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

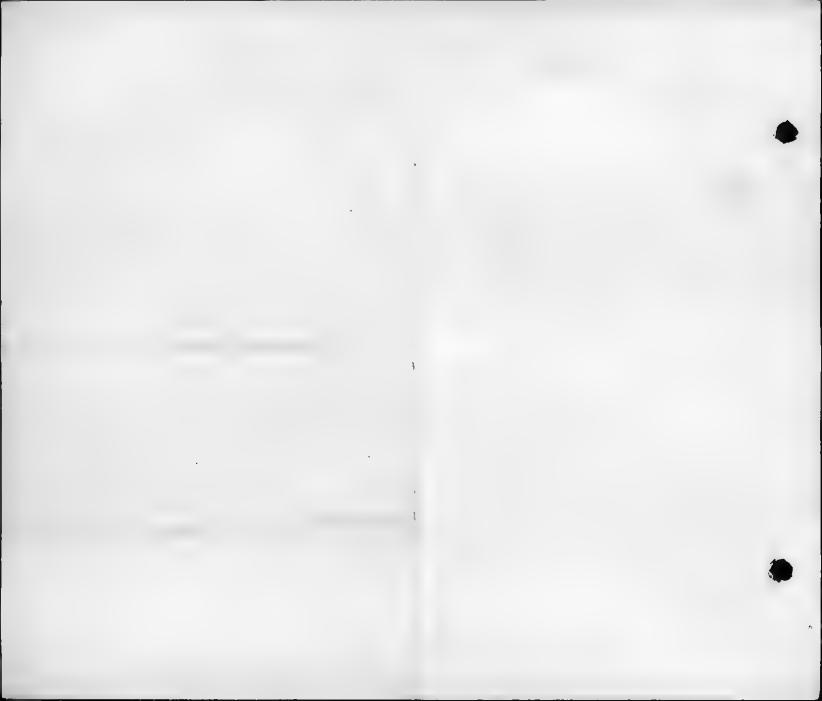
		)	1 12
Reg.	Dist.	No	

0	POIL MEDION	DARMINITADIO	Reg. Dist. No
. The	I. PLACE OF DEATH. COUNTY NEW ARYLAND MARYLAND	2. USUAL RESIDENCE (HOME)	OF DECEASED. COUNTY
gibly.	CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town)  TOWN  Lin, this place)	CITY If outside corporate limit	write RURAL and give nearest town)
n car ind leg	HOSPITAL OR INSTITUTION & STREET ADDRESS & S-Crescollas.	STREET ADDRESS	If rural, give location)
of information carefully death clearly and legibly.	3. NAME OF DECEASED (First) (Middle) TUDE (Type or Print)		EATH / 5/18/5J 19
infor th cl	6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WESOWED, DIVORCED, (Specifylmusical)	10/33/17 0	Shat birthday   Munder I year   If under 24 hre   Months   Days   Hours   Min.
em of of de	10n. USUAL OCCUPATION (Give kind of work lob. Kind of Business on done during most of working life, even if retired) INDUSTRY	Hall then, fe	un gountavia
every item se causes of d	18. FATHER'S NAME  LANCE THE CLASSICY  16. WAS DECEASED EVER IN U.S. ARMED FORCEST   16. SOCIAL SECURITY NO.	Ctal Coruct	
Supply ev	(If yes, give war or detect of 193-05-6250) service)	Mis Roymond	melle.
다 다 다	18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
ર્જે ≱	L DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1	ONSET AND DEATE
INK.	143 X Immediate cause (a) Malignanly	of Braco	5 Years
נים וו	Antecedent cause(s) Diseases or conditions, if any, (b)		
WITH UNFADING nportant. Physicians:	giving rise to the above cause		PROBLEM STREET STREET STREET
ND Sic	stating the underlying cause last		
Fa	II. OTHER SIGNIFICANT CONDITIONS		
E G	Conditions contributing to the death but not related to the discose or condition cousing death.		
王曹	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	10:)	20, AUTOPSY?
15 2	at Warmertal at Carrent War	the Brain	Yes No 🕏
	21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bidg., etc.) CAUSE OF DEATH.	(CITY OR TOWN)	(COUNTY) (STATE)
WRITE PLAINLY is especially	TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED   While at Not while   INJURY   m.   work   at work	HOW DID INJURY OCCUR?	
PL/ esp	22. I certify that I took charge of the remains described above, held an A	lutopsy [], Inspection [], Inqu	ciry thereon and from the evidence
H.2	obtained by said Autopsy, Inspection or Inquiry, find that said dece from: natural causes , accident , suicide , homicide ,	ased died on the dry stated above	, and death in my opinion resulted
₩.	SIGNATURE (Degree or titie)	ADDRESS	DATE SIGNED
	Gustave & Prester IA. Zulfacil'Es		
PLEASE	REMOVAL Specify) /2-22.55	17 LEICKS H	ON (City, town, or county) (State)
PLI	DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	- Ferre ADDRESS
	Done	· / _	
	Car and	•	

VS. A15A

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

# 11493 CERTIFICATE OF DEATH

1255:

Reg. Dist. No. 21

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY MARYLAND	STATE Wed - COUNTY Comes	awdr
CITY (II outside corporate limits, write RURAL LENGTH OF STAY OR and give neerest lown) [in this place]	CITY (Il outside corporate limits, write RURAL and give naerest to OR TOWN	own)
HOSPITAL OR	STREET (III rural give location)	X 1
· INSTITUTION OR Court Courall Anil	202 Dubr of Alguerter	
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (De-	y) (Year)
(Type or Print) CLIFFORD CU	DINGS DEATH DEC 3	1 1955
S. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE O		
MIDOWED, DIVORCED, SEPT,	5,1872 83 yrs. Months De	
10e. USUAL OCCUPATION (Give kind of work done during most of working life, avan if OR INDUSTRY		TIZEN OF WHAT
retired CARPENTER -		1,5,A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
ULYSSES G. OWINGS	FRANCIS NORRIS	
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	
(Yes, no, or unk.) (If Yes, give wer or datas of service)	daughter, Elsaver, Sans.	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
600 X IMMEDIATE CAUSE (A) Urania		YES.
ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)	rto-ophy?	YRS.
TI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES NO
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, Jarm, Jactory, OR CONTRIBUTING 20JSE OF DEATH OF INJURY street, office bidg., etc.)  [IF ETHER, NOTIFY MEDICAL EXAMINER]	21c. WHERE DID INJURY OCCUR? (City or town) (County)	(Stata)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While While et work	211. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12/29	, 19,53, to 12/3/, 19,55, that I last	saw the deceased
alive on 1.2/3/, 19.55, and that death occurred at		
SIGNATURE	ADDRESS (Street, city, town, stete)	DATE SIGNED
Struk. Itsdrivan M.D. 96	Cathrelial St., aunocolis, h	rd. 12/31/52
23. BURIAL, CREMATION, "REMOVAL (SPECIFY)  DATE THEREOF  NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or countly)	(Sfeta)
Buriel 1956 Methodist Ce	metery Galesville Maryl	and
24. REC'D BY REGISTRAR REGISTRATURE	25 PUNERAL DIRECTOR'S SIGNATURE	(522 -,
DATE Jan 3, 1956 11 Toursel	Hopping Funeral Home Annapoli	s, Md.

'S 'A ( ''' '' '

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11535	CERT	IFICAT	E OF DEA	ATH	11523
					t. No
-Bealennel	Erundel		state Maryl		
outside corporata limits, write R d giva nearest lown) Deale		LENGTH OF STAY (In this place)		porate limits, write RURAL and give ne	erest town)
OR ON OR ODDRESS			street Address Dea	1 e (If rurel give location)	
of (first) BED (first) Davi	,	old Peter	(Lest)	4. DATE (Month) OF DEATH Dec.	(Day) (Year) 20 19 55
6. COLOR OR 7 RACE White	- SINGLE, MARRIED WIDOWED, DIVO (Specify)		OF BIRTH	9. AGE lest birthdey IF UNDE 56 yrs. Months	R 1 YEAR   IF UNDER 24 HRS.   Days   Hours   Min.
CCUPATION (Give kind of worning most of working life, evan Constructio	if OR II	of BUSINESS NOUSTRY ntendents	11. BIRTHPLACE (Stole or for Wisconsin	* ''	2. CITIZEN OF WHAT COUNTRY?
NAME			14. MOTHER'S MAIDEN Minnie	Peterson	
EASED EVER IN U. S. ARMED L.) (If Yas, give wer or detes		SOCIAL SECURITY NO.		ADDRESS Nora R. P le, Maryland	ete son
OR CONDITIONS DIRECTLY LEA	DING TO DEATH	18. MEDICAL C	ERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	IN ACU	te myo	cardial in	farction.	Immediately
miredebeni enterelal	E TO (3)		Cochusian		immediatel
ERLYING CAUSE LAST, DUI	ETO TWO	previou	s episodes	of same	3 months
REPLY TO THE TOTAL TO THE CONDITIONS CONTROL TO THE CONDITION CAUSING DEATH		2	ectoris		14ezr??
OPERATION 196. A	MAJOR FINDINGS OF				20. AUTOPSY? YES NO
WAS UNDERLYING [] 2	21b. PLACE (Home, OF INJURY straat, offi	farm, factory, ca bldg., etc.)	21c. WHERE DID INJURY OCC	UR? (City or town) (Cou	inty) (State)

210. ACCIDENT (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY

(Month) (Dey) (Year) (Hour)

21a. INJURY OCCURRED While Not while Not while al work et work

21f. HOW DID INJURY OCCUR?

(Stala)

22. I hereby certify that I attended the deceased from 29. 19 10, to P165C1, 19 that I last saw ......, that I last saw the deceased and that death occurred at 5. alive on. 12 DATE SIGNED

BIGNATURE ADDRESS/ (Street, city, town, stete) M.D. DATE THEREOF NAME OF CEMETERY OR CREMATORY

BURIAL, CREMATION, REMOVAL (SPECIFY) DUP 1 a ]

Washington National

LOCATION (City, town, or county) dem.

Suitland, Md ADDRESS

FUNERAL DIRECTOR'S SIGNATURE 24. REC'D BY REGISTRAR

TO FUNERAL DIRECTOR: The law requires that the death certificate be certificate has been executed The bottom copy may

death certificate assembly should

A15C 1-55 10M

third

the

72 hour

within

registrar ‡e

þ

with the

filed

the attending physician and completely filled be detached for use as a butial transit permit.

certificate be executed with

requires that the death

by the hospital

SHYSICIAN OR

ATTENDING

1. PLACE

CITY

OR TOWN HOSPITAL INSTITUTION

COUNTY

STREET AD 3. NAME O

(Type or F 5. SEX

male

10a, USUAL O

13. FATHER'S Unkno

15. WAS DEC (Yes, no, or un

I DISEASES C

DISEASES OR GIYING RISE

STATING UND II OTHER SIGN TO THE DEA DISEASE OF 19a. DATE OF

dona duri

(besitet

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11536

## CERTIFICATE OF DEATH

Reg. Dist. No. 2

		t a Hellat Breibe	HOT (HOME) OF DEC	FA. 6 M P.
1. PLACE OF DEATH		STATE Maryland COUNTY Baltimore City		
county Anne Arundel	MARYLAND	STATE Marylar		
CITY (If outside corporate limits, write RURAL OR and give necrest town)	LENGTH OF STAY (In this plece)	OR	orete limits, write RURAL and s	give nearest lown)
Now Crownsville	2yrs.3mos.29		Lmore 25	2 Y
HOSPITAL OR INSTITUTION OR		STREET ADDRESS	(If rural give to	
street Address Crownsville State	e Hospital	1010	) Shellbank Ro	oad v
3. NAME OF (First) DECEABED	(Middle)	(Lest)	4. DATE (Month)	(Dey) (Yeer)
(Type or Print) John	Ri.	sper, Sr.	DEATH 12	23 19 55
S. SEX   6. COLOR OR   7. SINGLE, MARR	IED, 8. DATE O	F BIRTH		UNDER 1 YEAR IF UNDER 24 HRS
Male Negro (Specify) W	idowed   1893		62 yn.	onths Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) Laborer	ND OF BUSINESS R INDUSTRY	11. BIRTHPLACE (State or fore Maryland	ign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	3	14. MOTHER'S MAIDEN	NAME	0.011
Unknown		Unknown	777	
S. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS		
(If Yes, give wer or detes of service)	Unknown	Hospita	al Records	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CER	TIFICATION		INTERVAL BETWEEN ONSET AND DEATH
C   MMEDIATE CAUSE (A)   Cerebrovascular Accident				3 weeks
ANTECEDENT CAUSE(5) DUE TO				known to us
DISEASES OR CONDITIONS, IF ANY, (B) COL	ntral Nervous	<u>System Syphili</u>	LS	since 8/24/53
STATING UNDERLYING CAUSE LAST. DUE TO				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING (2)	1 7 1 6	7 4 4	A . A . AAA ONG	
TO THE SEATH BUT NOT BELLTED TO THE	onic Brain Syn s, Meningo-enc	drome, Associa	ated with UND	
196. DATE OF OPERATION 196. MAJOR FINDINGS		opharrore 1) by	w •	20. AUTOPSY?
				YES NO
216. ACCIDENT WAS UNDERLYING   216 PLACE (Hom OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, If EITHER, NOTIFY MEDICAL EXAMINER)		16. WHERE DID INJURY OCCU	IR? (City or town)	(County) (Slete)
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour)   21e.		21f. HOW DID INJURY OCCU	IR?	
M. et w	vork el work			
22. I hereby certify that I attended the dece	ased from 8/24	1955 to1.2	/23 1955	that I last saw the deceased
alive on 12/22 19.55 and	That death occurred at.	8:15a M. from the	causes and on the date	stated above
SIGNATURE	A.	ADD	RESS (Street, city, town, st	lele) DATE SIGNED
Wollen Re	M D. C	rownsville Sta	ate Hospital.	Md. 12/23/55
23. BURIAL, CREMATION TO DATE THEREOF	NAME OF CEMETERY OR		LOCATION (City, fown, o	
NEMOVAL (SPECIFY)	Ud M. W	IFD SCHEE	4 GREET	1/2 57
24. REEL BY REGISTRAR REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS
nathan, 9, 1956 36 m	Clarecas	Mushel	Barn 170	OFIMBLEDS

ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. Funeral Diperton. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

A15C 1-55 10M

S

13 7

Reg. Dist. No. 21 I. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY Anne Arundel state Maryland COUNTY Pr. Geo's. MARYLAND LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) (If outside corporate limits, write RURAL end give neerest town) (in this place) TOWN TOWN Annapolis 1 wk. Mitchellville HOSPITAL OR STREET (Il rure) give locelion INSTITUTION OF Homewood Convelescent Home **ADDRESS** (First) (Middle) (Lest) 4. DATE (Month) (Year) 3. NAME OF DECEASED Roger Robinson Fendall. (Type or Print) DEATH 19 **5**5 7. SINGLE, MARRIED. 8. DATE OF BIRTH 6. COLOR OR 9. AGE lest birthdey IF UNDER 1 YEAR IF UNDER 24 HRS WIDOWED, DIVORCED. Months (Specify) Widower Mal e November 14, 1874 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) CITIZEN OF WHAT COUNTRY? retired)Tobacco Farmer Own Farm Maryland U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Gibson Robinson Mary Tydings 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT & ADDRESS 16. SOCIAL SECURITY NO. (If Yes, give wer or detes of service) James K. Robinson Mitchell vill quer Man ween 18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH REONCHO- PNEUMONIA 112 0.0 IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE(S) IREM in DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19 . DATE OF SPERATION 20. AUTOPSY 19b. MAJOR FINDINGS OF OPERATION NO 21b. PLACE (Home, Ierm, fectory, OF INJURY street, office bldg., etc.) 21e. ACCIDENT WAS UNDERLYING [ 21c. WHERE DID INJURY OCCUR? (City of town) (County) (State) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? (Year) (Hour) Not while el work 22. I hereby certify that I attended the deceased from 12/18 , 1965, to 12/23 , 1950, that I last saw the deceased and that death occurred at 2140 P.M. from the causes and on the date stated above. alive on..... DATE THEREOF NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION. LOCATION (City, town or county) REMOVAL (SPECIFY) 12/20/55 Mitchellville Md. Burial Mt. Oak Cemetery 24. REC'D BY REGISTRAR SHAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE

Ritchie Bros.

Upper Marlboro, Md.

death certificate be or aftending physician. law requires that the by the attending ph The DIRECTOR: FUNERAL

hours 72 hour

within funeral

registrar by the f

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completely

and

physician

affending

detached

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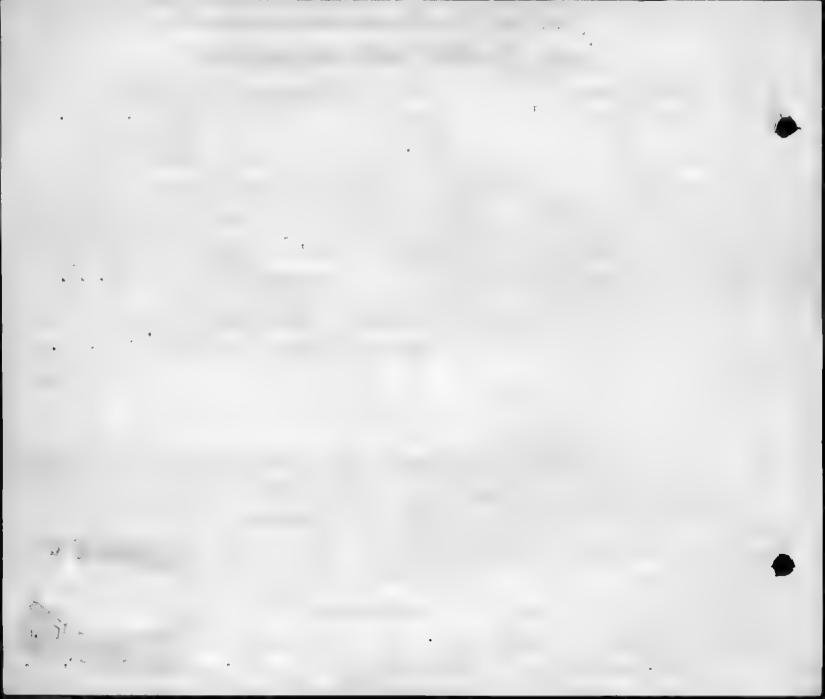
care has been executed by certificate assembly should

1-55 10M certificate death

DATE Dec. 28,1955

USB

fi¥ij fisod



# The cormet age PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes oll death clearly and legibly.

MARGIN RESERVED FOR BINDING

# 11537

# CERTIFICATE OF DEATH

Itom 23. Fil	mG190 12-27-55	FOR MEDICAL	LAAVIINERS	Reg. Dist. N	10.2.1
1 DIACE OF DEAT	TT.		2. USUAL RESIDENCE (F		
COUNTY Anne	.rundel	MARYLAND	STATE Massach	usatts	VOLTOTK
CITY (If outside of OR give pearest	orporate limits write RUR	AL and LENGTH OF STAY (in this place)	CITY (If outside corpora	ste limits, write RURAL and g	ive nearest town)
	Glen Burnie (	rural) (m this piece)	TOWN Lednam		,
HOSPITAL OR INSTITUTION O STREET ADDRE	R U.S. Rt.#30	1	STREET ADDRESS 504	(If rural, give location) Sprague Street	
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print)	John	Francis	Russell	DEATH Decemb	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED DIVORCED, (Speelfy) S17. 12	8. DATE OF BIRTH	9. AGE last birthday   If under Months	r 1 year   If under 24 hra
Male	Caucasian ATION (Give kind of work	(Specify) Sir, 13	December 9, 19	32 23 yrs. l	
done during most of	vorking ille, even  f retired)	INDUSTRY ,			2. CITIZEN OF WHAT COUNTRY?
Soldie 13. FATHER'S NAM		1 U.S. Army	Massachusett	S 1	USA
	Russell			iden name unknow	n)
15. WAS DECEASED E	VER IN U.S. ARMED FORCES	7   16. SOCIAL SECURITY NO.	17. INFORMANT		
(Yes, no, or unknown)	(If yes, give war or dates service)	Unknown	Servi	ce record, US Ar	my
		18. MEDICAL CE	RTIFICATION		1
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATE
825		TT			Instant
Immediat	e cause (a)	<u>Hemoraritoneum</u>			2 20 002220
Diseases or giving rise to	nt cause(s) conditions, if any, the above cause anderlying cause last	Leceration of ri	ght lobe of liv	er	
II. OTHER SIGNIF	CAN'T CONDITIONS				
	uting in the death but not see or condition causing deat	th.			
19a. DATE OF OPE	RATION 196. MAJOR	FINDINGS OF OPERATION			20. AUTOPSY?
7			(cymit on a		Yes - No 🗆
PRIMARY DOR CO CAUSE OF DEAT	ONTRIBUTING   OF	CE (Home, farm, factory, street, office bidg., etc.) URY Ht. 301	(CITY OR T		, , , , , , , , , , , , , , , , , , , ,
	(Day) (Year) (Hour)	URY Rt. 301	Glen Burri	e <u>Inra</u>	Arundel Md.
OF INJURY Deca		While at Not while work at work	Automobile		
	L:UG	ain ain		7	
obtained by 833	d Autopsy, Inspection o	ing described above, held an A r Inquiry, find that said dece g, suicide [], homicide [],	ased died on the dry state	l, Inquiry 🛭 thereon and d above, and death in my	from the evidence opinion resulted
SIGNATURE	115	(Degree or title)	ADDRESS	5 2 1	DATE SIGNED
Kuslove	Atacketon.	! Thickiel Loos	- Iden Bur	ic Met	12/13/50
23. BURIAL, CREM REMOVAL (Spec	ATION DATE THERE		RY OR CREMATORY L	OCATION (City, town, or cou	
I-ui'lai	LOCAL BECISTRAS		24. FUNERAL DIRECTO	TAYAAA Bosto	n. Mass.
REG. 73 Tag	TOAL TOALS		Interest		known

VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Reg. Dist. No. 2

11538 CERTIFICATE OF DEATH

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY ame arundle MARYLAND	STATE Mary land. COUNTY AA.
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	
OR and give nearest town)  Town  Lake Shore	TOWN Lake Shore
HOSPITAL OR INSTITUTION OR	STREET (If rural give location)
STREET ADDRESS Route 5, Box 328	Route 5, Box 328
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) CHARLES C.  5. SEX: 1.5. COLOR OR 1.7. SINGLE, MARRIED 18. DATE	SANDERS DEATH: Dec. 4, 1955
male scolor or race: windowed, divorced, sept	of BIRTH:  9. AGE tast birthday: If UNDER 1 YEAR IF UNDER 24 HRS.  11, 1893 62 yrs. Months Days Hours Min.
14. IIGHAL OCCUPATION Cine bind of 16h KIND OF BUGINESS O	
work done during most of working life, INDUSTRY: even if retired): Sheet Metal Worker	Baltimore, Maryland U.S.A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Christopher Sanders	Katherine Sullan
	INFORMANT & ADDRESS:
no service) R	tuth L. Sanders, Lake Shore, Md.
18. MEDICAL CERTIFICAT	10N Interval Between
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Onset And Death
Immediate cause  Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.  (a) Acute my  (b)  (b)  DUE TO	el ozenous leukemia le months
(c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	one
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY 1
21 ACCUPANT	Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, stree OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED OF While at Not While INJURY m. Work	HOW DID INJURY OCCUR?
	8,1955 to file 4 , 1955, that I last saw the deceased
	ADDRESS ADDRESS ADDRESS ADDRESS DATE SIGNED
23. BURIAL, CREMATION & DATE THEREOF   NAME OF CEMETE	Tusa deces. Ald. Welcenter 4, 1955 ERY OR CREMATORY   LOCATION (City, town, or county) (State)
REMOVAL (Specify) 12/7/55 Cedar Hill	The Old District (Cold) of the Cold
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR	Cemetery   Anne Arundel Co. Md.
	Work Box 2 1217 St. Paul Street



**INSTRUCTIONS** 

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

# CERTIFICATE OF DEATH

12599

Items 2,11,12,13,14 Fil	mG192 2-16-56 et		Re	g. Dist.	No	
1. PLACE OF DEATH		2. USUAL RESIDENC	E (HOME) OF DI	CEABED		
COUNTY Anne Arundel	MARYLAND	state Marylan	d county	Anne A	rundel	
CITY (If outside corporate limits, write RURAL OR and give nearest town)	LENGTH OF STAY	CITY (If outside corpore	e límits, write RURAL e	nd give neeres	t town)	
X Town West River	(in this place)	OR TOWN TITE T	den e			X
HOSPITAL OR		STREET West I	(If rural giv	a Incetion)		
INSTITUTION OR STREET ADDRESS		ADDRESS				7
3. NAME OF (First)	(Middle)	(Lest) Shar	y Oaks Mar		Day) (1	
DECEASED	· ·	(1.00)	OF		_ ``	aur)
Lililan M		A	-	2 28		, 55
S. SEX 6. COLOR OR 7. SINC	OWED, DIVORCED.		AGE lest birthday		YEAR IF UND	
7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	ocity) M 10/2	22/98	57 yrs.	MORITIS	Deys Hour	s Min
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country)	12.	CITIZEN OF W	'HAT
retired}		St. Louis.	Mo	21	S. A.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	LME	1 4	e Ue Re	
Henry	Rottman	Katt	Beck			
15. WAS DECEASED EVER IN U. S. ARMED FORCES		1 17, INFORMANT & AD				
(Yes, no, or unk.) (If Yes, give wer or detes of serv	rice)	187 mm C C	chnois 1	70 54 F	11	A.f3
			chneir, V	Yest I		
I DISEASES OR CONDITIONS DIRECTLY LEADING T	TO DEATH	RIFICATION			INTERVAL BE	
LI TO TO IMMEDIATE CAUSE (A)	Acute Coronar	v Occlusion			Imm.	
	Old Arterioso	lerotic Heart	Disease		? ?	
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO			-			
(C)						
TO THE DEATH BUT NOT RELATED TO THE						
DISEASE OR CONDITION CAUSING DEATH.	Pt. under care	of H.J.Kurtz	, Glendal	e. Mo	1.	
196. DATE OF OPERATION 196. MAJOR	FINDINGS OF OPERATION				20. AUTO	PSY?
OF ACCIDENT WAS INDEPLYING TO LONDON				1		40 🗌
OR CONTRIBUTING  CAUSE OF DEATH OF INJU	ACE (Homa, farm, factory, JRY street, office bldg., atc.)	21c. WHERE DID INJURY OCCUR?	(City or town)	(County)	(Sta	ita)
(IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Day) (Year) (H		21f. HOW DID INJURY OCCUR?				
21d. Time Of heloki (moint) (bey) [test] (it						
		211. 110 W DID INGORT OCCUR				
A 2	M. at work   Not white	<u></u>		_		
22. I hereby certify that I without a	M. at work   Not white	<u></u>		that L.la	st, saw, the, d	ecease
alive pin amonto of the man 19 and a	M. While at work at work at work at i.e.	nt ion lite				ecease
22. I hereby certify that-I-attended alive on 19.	M. While of work of wo	nt ion lite	ises and on the d	ate stated	above.	BIGNE
alive pin amonto of the man 19 and a	M. While at work at work at work at i.e.	nt ion lite  at	ises and on the d	ate stated n, state) Origi	above.  DATE : nal 12	BIGNE 2 2
SIGNATURE  LAC  23. BURIAL, CREMATION,   DATE THEREOF	M. While at work at work at inches of the state of the st	nt ion lite  at	ises and on the d	ate stated n, state) Origi	above.  DATE : nal 12	BIGNE 2 2
SIGNATURE  23. BURIAL, CREMATION, REMOVAL (SPECIFY)  DATE THEREOF	M. While of work of wo	nt ion lite  at	ises and on the diss (Street, city, town	ate stated  o, state)  Origi  or county)	above.  DATE : nal 12	BIGNE 2 2
SIGNATURE  LAC  23. BURIAL, CREMATION,   DATE THEREOF	M. While of work of wo	nt ion lite  at	ises and on the diss (Street, city, town, Md., 10CATION (City, town	ate stated  o, state)  Origi  or county)	above.  DATE 1  n a 1	

Frim 4143- 2/27/46- Mint. Original cet jound and forwarded to us.



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INJURY

TIME (Month) (Day) (Year)

alive on 12/29

BURIAL, CREMATION

DATE REC'D BY LOCAL

REMOVAL (Specify)

SIGNATURE

REGISTRAR

(Hour

DATE THEREOF

Jan.3,1956

20. AUTOPSY ? (STATE) INJURY OCCURED HOW DID INJURY OCCUR? Not While At Work Work | 22. I hereby certify that I attended the deceased from May ........19.55 . to 12/30 ..... 1955 , that I last saw the deceased 7.15 A.M. from the causes and on the date stated above. 19......, and that death occurred at LOCATION (City, town, or county) NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem. Baltimore, Md. REGISTRAR'S SIGNATURE ADDRESS Schimunek Funeral Home, Inc.

COUNTYSame

(Dav)

(Year)

Hours

U.S.A

Interval Between

Onset And Death

A. months ....

WHAT



3 °A CTITUE

FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

certificate death

REC'D BY REGISTRAR

1955

REGISTRAR'S SIGNATURE

3 7 1 111

#\$ A15C 1-55 ■M 2 11537

#### 11498 ... CEDTICIC ATE OF DEATH

CENTIFICATE	Reg. Dist. No
Items 11.12 FilmG190 12-28-55 et	Keg, Dist. No
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Corner Chunelel MARYLAND	STATE Mcl. COUNTY amer amerl
CITY (If outside corporata limits, write RURAL LENGTH OF STAY	CITY (If outside corporata limits, write RURAL and give neerest town)
OR and give nearest town (in this place)	TOWN Cape St. Clair
	STREET (If surel give location)
HOSPITAL OR INSTITUTION OR Comme Chamelel Amil Hogo.	ADDRESS
3. NAME OF (First) (Middle) DECEASED	(Lest) 4. DATE (Menth) (Dey) (Yeer)
(Type or Print) FELIX A.	LNEY DEATH DEC 16 /1955
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF WIDOWED, DIVORCED,	
MIDOWED, DIVORCED, (Specify)	/-20-03 52 ym. Months Deys Hours Min.
	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
dena during most of working life, aven if retired EIGGER CORST GLARD	(Czechoslovakia) U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
AN 101NE	Johanna .
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT 8_ADDRESS
(If Yes, giva wer or detas of service)	tamila - Aune
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEEN ONSET AND DEATH
4 " IMMEDIATE CAUSE (A) ACUTE MYOCARDI	IAL INFARCTION 12 DAYS
ANTECEDENT CAUSE(S) DUE TO	
DISEASES OR CONDITIONS, IF ANY, (B) TYPERTENSIVE PIRC	BEIOSCIEROTIC CARDIOVASCLINE UNKNOWN
STATING UNDERLYING CAUSE LAST, DUE TO	DISEASE
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE SEATH BUT NOT RELATED TO THE 22 LIPOMATO SIS	
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	. 20. AUTOPSY?
A A COUNTY WAS INCOMED TO LONG	YES   NO
OR CONTRIBUTING CAUSE OF DEATH OF INJURY streat, office bidg., etc.)  (IF EITHER, NOTIFY MEDICAL EXAMINER)	le. WHERE DID INJURY OCCUR? (City or town) (County) (Stele)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21a, INJURY OCCURRED 2 While Not while 1 work 1 et work	III. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 12/4	19 55 to /2//6 19 55 that I last saw the deceased
alive on 12/15, 19.55, and that death occurred at	8/5 M from the source and on the date stated above 13/16/65
SIGNATURE 1	ADDRESS (Street, city, town, stets) DATE SIGNED
Jetry to Stedernah M.D. 96	Catherdral St. aurosotis, Mit.
23. /BURIAL, CREMATION.   DATE THEREOF     NAME OF CEMETERY OR (	
( REMOVAL (RECOIPY) 12/20/55 40/4	(leess /5/0/10
24 REC'D BY REGISTRAR REGISTRA'S SIGNATURE	25- FUNERAL DIRECTOR'S SIGNATURE ADDRESS

3 1

r<sup>res</sup>.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 11541 CERTIFICATE OF DEATH Reg. Dist. No. ..... 2. USUAL RESIDENCE (HOME) OF DECEASED: legibly. 1. PLACE OF DEATH. COUNTY ANNITH THELE STATE MENY-AND COUNTY GHAVE CITY(If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL) LENGTH OF STAY (in this place) and and give nearest town) item of information TOWN AUREL STREET (If rural give location) death clearly HOSPITAL OR INSTITUTION OR ADDRESS STREET ADDRESS (First) (Middle) (Last) (Month) S. NAME OF DECEASED ROLAND DEATH: ) & C . 19 (Type or Print) 5. COLOR OR SINGLE, MARRIED 8. DATE 9. AGE last birthday IF UNDER I YEAR WIDOWED, DIVORCED, 벙 Months | Days Hours (Specify): SINATE Jul Vrs. every 10A. USUAL OCCUPATION (Give kind of, KIND OF BUSINESS (State or foreign country): |12, CITIZEN OF 10B. work done during most of working life. OR INDUSTRY: even if retired); NONE WONE BINDIN Supply 13. FATHER'S NAME: IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no. or unk.) (If Yes, give war or dates Z of service) 36 18. MEDICAL CERTIFICATION MARGIN RESERVED I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH 225.0 Physicians IMMEDIATE CAUSE CAD DUE TO ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING PLAINLY, TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 198. MAJOR FINDINGS OF 20. AUTOPSY7 NO K YES [ especially 21c. WHERE DID (City or town) (County) (State) 21A. ACCIDENT WAS UNDERLYING 218. PLACE (Home, farm, factory, WRITE OF INJURY street, office bldg., etc. OR CONTRIBUTING CAUSE OF DEATH INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21E INJURY OCCURRED While Not while 21p. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? OF INJURY at work at work OR 22. I hereby certify that I attended the deceased from Och 25, 1953 to DEC. 11, 19 5.5 that I last saw the deceased 19 55, and that death occurred at 6:454 M, from the causes and on the date stated above. alive on DEC SIGNATURE ADDRESS DATE SIGNED MANNEM ASE LOCATION (City, town, or county) NAME OF CEMETERY OR CREMATORY 23. BURIAL, CREMATION, REMOVAL (SPECIFY) ADDRESS 24. FUNERAL DIRECTOR DATE REC'D BY LOCAL

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 11538 CERTIFICATE OF DEATH 11499 Reg. Dist. No. 1. PLACE OF DEATH USUAL RESIDENCE (HOME) OF DECEASED MARYLAND LENGTH OF STAY (It outside corporate limits, write RURAL and give negrest town) (If ourside corporate limits, write RURA) and give nagrest town! (in this place) TOWN STREET (II rural give location) HOSPITAL OR INSTITUTION OR ADDRES. STREET ADDRESS (Middle) (Last) DATE 3. NAME OF (Atroph) (Year) DECEASED OF (Type or Print) 10 SINGLE, MARRIED COLOR OF DATE OF RIPTH AGE last birthday IF LINDER 1 YEAR IF LINDER 24 HRS WIDOWED, DIYORCED. Months Devs Hours 10e. USUAL OCCUPATION (Give kind of work KIND OF RUSINESS 11. BIRTHPLACE (State or foreign country) CITIZEN OF WHAT OR INDUSTRY done dudha most of watking life, even if COUNTRY? FATHERS NAME MOTHER'S MAIREN NAME WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL RECURITY NO. INFORMANT & ADDRESS (If Yes, give wer or dates of service) INTERVAL BETWEEN 1/DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Co 2 O IMMEDIATE CAUSE ίΑI DUE TO ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 20. AUTOPSY? 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION NO YES 21a. ACCIDENT WAS UNDERLYING IT 21b. PLACE (Homa, farm, factory, 21c. WHERE DID INJURY OCCUR? (City or town) (County) (Steta) OR CONTRIBUTING | CAUSE OF DEATH OF INJURY streat, office bldg., atc.)

216. HOW DID INJURY OCCUR?

FUNERAL DIRECTOR'S SIGNATURE

.M, from the causes and on the date stated above.

LOCATION (City, town, or county)

ADDRESS

ADDRESS (Street, city, town, state)

21a. INJURY OCCURRED

Not while

M.D.

NAME OF CEMETERY OR CREMATORY

at work

and that death occurred at ... /.

While

at work

filed completely certificate physician death 35 use requires that the ក attending pr detached d law n executed DIRECTOR: assembly

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FUNERAL

certificate

certificate

death

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DATE

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within funeral

registrar by the f

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#ii filed filed

COUNTY

CITY

SEX

(IF EITHER, NOTIFY MEDICAL EXAMINER)

21d. TIME OF INJURY (Month) (Day)

alive on /2

SIGNATURE

BURIAL CREMATION

EMOVAL (SPECIFY)

24. REC'D BY REGISTRAR 1718 14

(Yearl

DATE THEREOF

REGISTRAR'S SIGNATURE

TOWN

death.

hours

1 BLACE OF DEATH

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

#### CERTIFICATE OF DEATH 11542

11539

Reg. Dist. No.....

HEHAL BESIDENCE (HOME) OF DECEASED

		Z. ODONE NEDIZE.	TOTA (II GINE) OF P		
COUNTY Anne Arundel	MARYLAND	state Mary]	Land county	Anne Al	rundel
CITY (II outside corporata limits, write RURAL OR end give neerest town)	LENGTH OF STAY (in this place)	CITY (it outside corpo	rate limits, write RURAL e	nd give naerest town	)
X TOWN Glen Burnie	(iii iiiis biaca)	TOWN Gler	Burnie		
HOSPITAL OR INSTITUTION OR		STREET ADDRESS		ve location)	
STREET ADDRESS Oakwood Road		Oak	wood Road		
	Middle)	(Lasi)	4. DATE (Mor	ith) (Dey)	(Yeer)
(Type or Print) ELIZABETH	R. 1	WELLS	DEATH De	c. 15	19 55
S. SEX 6. COLOR OR 7. SINGLE, MARRIE	D, 8. DATE O	F BIRTH	9. AGE lest birthdey	IF UNDER 1 YEAR	IF UNDER 24 HRS.
female white (Specify) Ma	rried Nov.	11, 1906	49 yrs.	Months Deys	Hours Min.
	D OF BUSINESS	11. BIRTHPLACE (State or forei	gn country)		EN OF WHAT
	home	Baltimore,	Maryland		S.A.
13. FATHER'S NAME	·	14. MOTHER'S MAIDEN			
William Bowen		Mary Chi			
70%	SOCIAL SECURITY NO.	17, INFORMANT & /	Vak	wood Roa	
(Wes, no, or unk.) (If Yes, give war or detes of service)		John H. V	Vells, Gle	n Burnie	e. Md.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	16. MEDICAL CER	TIFICATION		INTE	ERVAL BETWEEN SET AND DEATH
17 X IMMEDIATE CAUSE (A)	enulise	e carcinon	netosis		
2015 70 //					
VILLE (20)					
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO	arcinoma	of sites	MA & CLA	17141	
AL CITER SIGNIFICATE CONTRIBUTIONS				V GE	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING DEATH,					
196. DATE OF OPERATION 196. MAJOR FINDINGS	OF OPERATION				D. AUTOPSY?
₽					NO
21e. ACCIDENT WAS UNDERLYING   21b. PLACE (Home OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, of (IF EITHER, NOTIFY MEDICAL EXAMINER)		1c. WHERE DID INJURY OCCUP	R? (City or lown)	(County)	(Stala)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a. While		H. HOW DID HIJURY OCCU	R?		
M. al wo	rk al work				
22. I hereby certify that I attended the decea					
alive on 31161, 19 33, and	that death occurred at.	M, from the c	auses and on the d	date stated abov	e.
Chalaster In	-En 1	ADDI	RESS (Street, city, tow	in, slete)	DATE SIGNED
23. BURIAL, CREMATION, REMOVAL (SPECIFY)  DATE THEREOF	NAME OF CEMETERY OR	CREMATORY	LOCATION (City, town	n, or county)	(Steta)
burial 12/19/55	Baltimore	National Can	etery Ba	Itimoro	БM
24. REC'D BY REGISTRAR   REGISTRAN'S SIGNATURE	- 00	National Cen	SIGNATURE	ADDRESS	100
1 1 · ()	1-11//	Win Garle	/	St. Pai	11 Stree
DATE - Daws to 1	VEUWW.	11116 6 61116	· MIL TCT/	D 00 1 31	YT DOTEC



11543

# INSTRUCTIONS

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

# CERTIFICATE OF DEATH

12573 Reg. Dist. No. 28

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEA	SED
COUNTY Anne Arundel	MARYLAND	STATE Maryland COUNTY Ann	e Arundel
CITY (If outside corporate limits, write RURA	L LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	
TOWN Crownsville	12yrs 66 da	ays TOWN Gambrills	
HOSPITAL OR	1223255 00 40	STREET (If rural give locali	-/X
INSTITUTION OR STREET ADDRESS Commerce 11		ADDRESS	, , , , , , , , , , , , , , , , , , ,
CLOMIIZATITE	State Hospital	None listed	
3. NAME OF (First) DECEASED	(Middle)	(Last) 4. DATE (Month)	(Day) (Yasr)
(Type or Print) Eugene		Whitmore DEATH 12	30 19 55
	INGLE, MARRIED, 8. DATE	OF BIRTH 9. AGE last birthday   IF UN	DER I YEAR JIF UNDER 24 HR
Male Negro	VIDOWED, DIVORCED, Specify) Widowed	1888? 67? yrs. Month	
10a. USUAL OCCUPATION (Giva kind of work	1 10b. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT
dona during most of working life, even if	OR INDUSTRY		COUNTRY?
THOUSEL	Farming	North Carolina	U. S.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
John Whitmore		Edda Freese	
15. WAS DECEASED EVER IN U. S. ARMED FOR		17. INFORMANT & ADDRESS	
(Yas, no, or unk.) (If Yas, give war or detes of a	Unk.	Hospital Records	
	18. MEDICAL CE		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADIN			ONSET AND DEATH
immediate cause (A)	Pulmonary Edema		
ANTECEDENT CAUSE(S) DUE T	O Diehe boom foil.	***	
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	Right heart fail	ure	
STATING UNDERLYING CAUSE LAST. DUE T	0		
(C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUT	TA CO		
TO THE DEATH BUT NOT RELATED TO THE	CVA		
DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION 19b. MAJ	OR FINDINGS OF OPERATION		20. AUTOPSY?
21a. ACCIDENT WAS UNDERLYING []   21b.	PLACE (Home, farm, factory,	27c. WHERE DID INJURY OCCUR? (City or town) ((	YES NO
	NJURY streat, office bidg., atc.)	Zic. White Did Holder Occor (City Dr Jown)	County) (Siata)
21d. TIME OF INJURY (Month) (Day) (Year)	(Hour)   21e, INJURY OCCURRED	21f. HOW DID INJURY OCCUR?	
	M, at work at work		
		- 10 10/20 55	
22. I hereby certify that I attende	d the deceased from	19.48 to 12/30 19.55 tha	t I last saw the deceased
alive on.1.2/30/ 192	, and that death occurred a	10:15p. Mom the causes and on the date si	ated above.
SIGNATURE	L. Ben	edict, M. D. Appress (Street, city, town, state)	DATE SIGNE
Mileele	M.D.	Crownsville, Md.	12/3./55
23. BURIAL, CREMATION, DATE THER	NAME OF CEMETERY OF	R CREMATORY LOCATION (City, town, or co	inly) (Stafe)
Jurial 1/9	155	The anne be	dia mel
24. REC'D BY REGISTRAR REGISTRARY	SIGNATURE	S. FUNERAL DIRECTOR'S SIGNATURE	ADDRES\$
1-1-6-CE VI	M	4(1),00.	2 1 2
DATE / U S S		I William Policy	- Sama n

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FUNERAL DIRECTOR: The law requires that the death certificate assembly should

has

A15C 1-55 10M

2

20. AUTOPSY? YES NO

(Yeer)

210. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY

(Yeer)

(Hour)

While

et work

(Dev)

(Month)

21f. HOW DID INJURY OCCUR?

21c. WHERE DID INJURY OCCUR? (City or town)

(County) (State)

79.55., that I last saw the deceased 22. I hereby certify that I attended the deceased from /...? and that death occurred at A. M. A.M. from the causes and on the date stated above.

Not while

at work

SIGNATURE

M.D. LOCATION (City, town, for county) BURIAL, CREMATION, REMOVAL (SPECIFY) NAME OF CEMETERY OR CREMATORY DATE THEREO!

REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR'S SIGNATURE

21e. INJURY OCCURRED

ADDRESS

N. A. 9

#### CERTIFICATE OF DEATH 11591

		Reg. Dist. Romman.
	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
	COUNTY and Crewdl MARYLAND	STATE MA COUNTY (2, C)
	CITY (Il outside corporate limits, write RURAL LENGTH OF STAY OR and give naerest town) (In this place)	CITY (if outside corporate limits, write RURA) and give nearest lown)
	10WN Chrapolis	TOWN Cumabake
	HOSPITAL OR INSTITUTION OR COOK STREET ADDRESS COOK SUBJECTED SES	STREET ADDRESS 5 Solomona Island Res
	3. NAME OF DECEASED (First) (Middle)	(Let) (Day) (Ner) (Day) (Ner) (Death / ) 2 2 55-
	5. SEX 6. CO.OF OR 7. SINGLE, MARRIED, WIDOW O. DIVORCED,	F BIRTH 9. AGE last birthday   IF UNDER 1 YEAR   IF UNDER 24 HRS.
	17 ale Col. (Specify) //- 2	1-1913 43 yrs. Months Days Hours Min.
	10s. USUAL OCCUPATION Give kind of work done during most of vibrking has even if refired hack a hour second of vibrking has been second or industry	11. BINTHPLACE (State or foreign adjusty)  Nashington, D.C. 12. CITIZEN OF WHAT SOUNTRY? S.A.
	B. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Λ	5. WAS DECEASED EVER IN U. S. ARMED PORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
	(Yes, no, or unk.) [1775] gly) war or date of service)	marion L. Williamson- aunapolis ind.
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEEN ONSET AND DEATH
	4+ -XIMMEDIATE CAUSE (A) DRONGIOS-	neumona 4days
	ANTECEDENT CAUSE(S) DUE TO Mem la who diseases or conditions, if any, (B)	of and artice 4 lets
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  C)	artile helposelrong
	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES NO
	21e. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, lectory,   21	Ic. WHERE DID INJURY OCCUR? (City or town) (County) (State)
	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a. INJURY OCCURRED While M. Hot while et work	TIF. HOW DID FNURY OCCUR?
	9304 111	1933 to DRO 23 , 1935 that I last saw the deceased
		3.130 M, from the causes and on the date stated above.
ΔÕ	GEIGNATURE )	ADDRESS (Street, city, town, stete)
1.55	Kit Kicklendson M.D. III	-Clay Trimulapolo, No 1416/35
5C ±	23. BLIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR C	CREMATORY (Mete)
A15C	12-76-55 Corpenter	s sell sound say, ma
S.	24. REC'D BY REGISTRAR REGISTRAY'S SIGNATURE TRENCHS	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS CAMPAINS

the law requires that the death certificate be executed within NSTRUCTIONS

or attending physician.

the registrar within 72 hours after death. After this in by the funeral director, the third copy of this

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit. ATTENDING PHYSICIAN OR HOSPITAL: The bottom copy may be retained by the hospital

md. icili. compasite compasite compasite the 0) 11. .. 1 ... 1 likiemcon 11 23 ~5 ne in 1-21-1912 43 Such think of the 1.5 is it is the dony. It il come on Exercition from the Menterman ish menter is the menter of - menterna 4dais when the said of the said folist i me fli into Min . . . . . . The party of the same your const. It is the state

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed in by the funeral director, the third copy of this death certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

ATTENDING PICTURES OF HOSPITAL THE law requires that the death certificate be executed within 24 hours after death.

The bottom cmpy may be retained by the hospital or attending physician.

STRUCTIONS

FA

# CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Anne Arundel MARYLAND	STATE Maryland county Queen Anne's
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (if outside corporate limits, write RURAL and give nearest town)
OR and give neerest town) TOWN Crownsville 4yrs.8mos.18da	OR TOWN Damalar
	STREET IN Turni give location)
HOSPITAL OR INSTITUTION OR	ADDRESS (a rain give scenior)
street ADDRESS Crownsville State Hospital	, v
3. NAME OF (First) (Middle) DECEASED	(Lasi) 4. DATE (Month) (Dey) (Yaer)
	hester   DEATH 12 21 19 55
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, B. DATE O	
Male Negro Specify Single Unkn	own 27 yn. Months Days Hours Min.
10a, USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if OR INDUSTRY retired) Laborer Unknown	Maryland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Harrison Winchester	Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Mas, no, or unk.) (M Yes, give war or delas of service)	Vernitel Bernie
No Unknown	Hospital Records
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
Status Epilepticus	l day
- James Mile Cross (n)	
ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY, (B)  Epilopsy	4/3/51to12/21/
GIVING RISE TO THE ABOVE CAUSE	
STATING UNDERLYING CAUSE LAST. DUE TO	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Mental Deficience	ey, Idiot
198. DATE OF OPERATION # 1,196, MAJOR FINDINGS OF OPERATION	20. AUTOP5Y?
	YES NO
21a. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bidg., etc.]  If SITHER, NOTIFY MEDICAL EXAMINER]	Tic. WHERE DID INJURY OCCUR? (City or town) (County) (Slete)
	211. HOW DID INJURY OCCUR?
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. INJURY OCCURRED While Nol while et work at work	
22. I hereby certify that I attended the deceased from 4/3/	, 1955, to12/21, 1955., that I last saw the deceased
alive on12/20	62.50a.M, from the causes and on the date stated above.
SIGNATURE A A	ADDRESS (Street, city, lown, stets) DATE SIGNED
- flanley (! surgean M.D. (	rownsville, Md. 12/21/55
23 BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOGATION (City, town, or county) (Stata)
Burial 1/6/1/53 Norch	uf Barclag. Md.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE 12-23-5 1/1 /200	14 6 Doulard Freenshore, Mer
(0)	

DEC

~ 74 1

## 11545

24 hours after death.

NATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed with The bottom copy may be retained by the hospital or attending physician.

TO ATTENDIN

INSTRUCTIONS

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## CERTIFICATE OF DEATH

	F DEATH			2. USUAL RI	ESIDENCE (HOME) OF	DECEASED
COUNTY	Anne Arune	del	MARYLAND	STATE ME	ryland count	Anne Arunde
OR and	utside corporeta limits, write give nearest town) rnold—Near	Annapolis	LENGTH OF STAY (In this place)  Life	OR	ide corporate limits, write RURAL rnold—Near Anni	
HOSPITAL C INSTITUTION STREET ADD	I OR	ear Annapo	olis,	STREET ADDRESS	Arnold-Near A	ive location)
3. NAME OF DECEAS	ED -		(Middle)	(Losi) WOODS	4. DATE (M OF DEATH	
s. sex	6. COLOR OR RACE Colored	7. SINGLE, MARRI WIDOWED, DIV (Specify)	ORCED,	ctober 31, 18	9. AGE lest birthday 80 75 yrs	Months Deys Hou
10e, USUAL OC done during ratirad) Ho	CUPATION (Give kind of working life, even Wesewife	ork   10b KIN	D OF BUSINESS	Arnold,		12. CITIZEN OF COUNTRY?
Charles	AME Hyntzman			Elizabe	maiden name th Ackward	
(Yes, no, or link.)	SED EVER IN U. S. ARMEI (# Yes, give wer or dei 宗本·本本  CONDITIONS DIRECTLY LI	es of service) ****	None 18. Medical	Rober	t C. Woods-1	Arnold, Maryla INTERVAL B ONSET AND
DISEASES OR C	CONDITIONS, IF ANY,	UE TO (8) UE TO (C)	Gener	elyd a	rteres scle	rois by
TO THE DEAT	FICANT CONDITIONS CON H BUT NOT RELATED TO THE CONDITION CAUSING DEAT	TRIBUTING IE				
190, DATE OF C	PERATION 19b.	MAJOR FINDINGS	OF OPERATION			20. AUTO
OR CONTRIBUTIN	WAS UNDERLYING []   IG [] CAUSE OF DEATH Y MEDICAL EXAMINER)	21b. PLACE (Hom OF INJURY street,	e, farm, factory, offica bldg., etc.)	21c. WHERE DID INJUR	Y OCCUR? (City or town)	(County) (5
21d. TIME OF IN	JURY (Month) (Day) (	Yaer) (Hour) 21e. Whi M. et w		211. HOW DID INJUR	Y OCCUR?	
	y certify that I att				DEC 1919 5	

IN APPEAUS OF STATE DEPARTMENT OF STATE SHALLYFAM

# CERTIFICATE OF DEATH

Secondary and

TISAS.

BUREAU V. S.

DEC 4 9 1822

DECENED

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ATTENDING THYSICIAN OR HOSPITAL: The law requires that the death certificate be executed withing The bottom copy may be retained by the hospital or attending physician.

TO ATTENDING

INSTRUCTIONS

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11544

#### 11502 CERTIFICATE OF DEATH

21 Reg. Dist. No.

1. PLACE OF DEATH		2. USUAL RESID	ENCE (HOME) OF DECE	ASED
county Anne Arundel	MARYLAND	STATE Mary	land county An	ne Arundel
CITY (If outside corporete limits, write RURAL OR end give neerest town)	(in this place)	CITY (It outside co	rporete limits, write RURAL and gi	ye nearest town)
Annapolis	18 yrs	E-03104	oolis	10
HOSPITAL OR	1 000	STREET ADDRESS	(If rutal give loc	ation)
INSTITUTION OR STREET ADDRESS 5 German Street			West Street	
3. NAME OF (First) DECEASED	(Middle)	(Lest)	4. DATE (Month)	(Day) (Yeer)
(Type or Print) JOSEPH	ZI	FF		MBER 20 19 55
S. SEX 6. COLOR OR 7. SINGLE, MAR RACE WIDOWED, E	RIED, 8. DATE C	OF BIRTH	9. AGE last birthdey IF	UNDER 1 YEAR IF UNDER 24 HR
Male White (Specify) Wi		16,1887	KQ yrs. Mo	onths Deys Hours Min.
10e, USUAL OCCUPATION (Give kind of work   10b, K	IND OF BUSINESS	11. BIRTHPLACE (State or fe	preign country)	12. CITIZEN OF WHAT
	or industry	Philadelni	ala Do	USA
13. FATHER'S NAME	o whhere and h	Philadelph	N NAME	I UDA
UNKNOWN		UNKNO	JN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		astern Ave.
(If Yes, give wer or detes of service)		Mr Rubin		nnapolis Md
	18. MEDICAL CER		A DEDUVICE A	INTERVAL BETWEEN
E DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1			ONSET AND DEATH
420. I IMMEDIATE CAUSE (A)	coronary occl	usion		1 hr
ANTECEDENT CAUSE(S) DUE TO	V 777-			,
DISEASES OR CONDITIONS, IF ANY, (B)	arteriosclero	tic cardiovas	cular disease	10 yrs.
STATING UNDERLYING CAUSE LAST, DUE TO				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH,	diabetes	mellitus		20 yrs.
19a. DATE OF OPERATION   19b. MAJOR FINDING	S OF OPERATION	*		20. AUTOPSY?
				YES NO
216. ACCIDENT WAS UNDERLYING 216. PLACE (Ho OR CONTRIBUTING CAUSE OF DEATH OF INJURY Street (IF EITHER, NOTIFY MEDICAL EXAMINER)	me, ferm, factory, , office bldg., etc.)	21c. WHERE DID INJURY OC	CUR? (City or town)	(County) (State)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21	e, INJURY OCCURRED hile Not while work st work	21f. HOW DID INJURY OC	CUR?	
		1	Jacket 10	
22. I hereby cartify that I attended the dec	eased from.,12/.20.	/.55 IY 10 <u>1.2</u>	1/20/55, 19	nar I last saw the decease
alive on 12/20/55, 19 an	d that death occurred at	LUS.LUN, From the	causes and on the date  DRESS (Street, city, town, ste	stated above.  DATE SIGNE
S. Bosses				
	I NAME OF CEMETERY OR	Amos Garrett	Blvd. Annand	olis, Md. 12/21
23. BURIAL, CREMATION, REMOVAL (SPECIFY) BUT 181  Dec 22, 195		ael Cemetery		
24. REC'D BY REGISTRAR REGISTRADOS SIGNATUR	1	1 25 FUNERAL DIRECTOR	Annapolis,	ADDRESS
12-22-55	1	HOPPING FUN	Did HONE	
DATE TO TO THE TOTAL TOT	laure.	MOFFING PUNA	BAL HOME Ann	apolis Md.

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